Second Regular Session Seventy-third General Assembly STATE OF COLORADO

REVISED

This Version Includes All Amendments Adopted on Second Reading in the Second House

LLS NO. 22-0257.01 Shelby Ross x4510

HOUSE BILL 22-1256

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Public & Behavioral Health & Human Services Appropriations

Appropriations

A BILL FOR AN ACT

101	CONCERNING MODIFICATIONS TO CIVIL INVOLUNTARY COMMITMENT
102	STATUTES FOR PERSONS WITH MENTAL HEALTH DISORDERS.
103	AND, IN CONNECTION THEREWITH, MAKING AN APPROPRIATION

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at http://leg.colorado.gov.)

Current law sets forth emergency procedures to transport a person for a screening and to detain a person for a 72-hour treatment and evaluation if the person appears to have a mental health disorder, and as a result of the mental health disorder, appears to be an imminent danger to the person's self or others, or appears to be gravely disabled. Current

SENATE Amended 2nd Reading May 5, 2022

HOUSE and Reading Unamended May 3, 2022

HOUSE Amended 2nd Reading May 2, 2022

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.

Capital letters or bold & italic numbers indicate new material to be added to existing statute.

Dashes through the words indicate deletions from existing statute.

law also sets forth procedures to certify a person for short-term or long-term care and treatment if the person has a mental health disorder, and as a result of the mental health disorder, is a danger to the person's self or others, or is gravely disabled. The bill modifies these procedures by:

- Transferring duties of the executive director of the department of human services to the commissioner (commissioner) of the behavioral health administration (BHA);
- Limiting who can take a person into protective custody and transport the person to an outpatient mental health facility, a facility designated by the commissioner of the BHA (designated facility), or an emergency medical services facility (EMS facility) if the person has probable cause to believe a person is experiencing a behavioral health crisis;
- Requiring the facility where the person is transported to require an application, in writing, stating the circumstances and specific facts under which the person's condition was called to the attention of a certified peace officer or emergency medical services provider;
- Requiring an intervening professional to screen the person immediately or within 8 hours after the person's arrival at the facility to determine if the person meets the criteria for an emergency mental health hold;
- Establishing certain rights for a person being transported, which must be explained prior to transporting the person;
- Requiring a petition for certification for long-term treatment and care to be filed with the court at least 30 days prior to the expiration of the extended certification and requiring the petition to include a recommendation as to whether the certification should take place on an inpatient or outpatient basis;
- Effective July 1, 2023:
 - Subjecting a person who files a malicious or false petition for an evaluation of a respondent to criminal prosecution;
 - Authorizing a certified peace officer to transport a person to an emergency medical services facility (EMS facility), even if a warrant has been issued for the person's arrest, if the certified peace officer believes it is in the best interest of the person;
 - Authorizing an intervening professional or certified peace officer to initiate an emergency mental health hold at the time of screening the respondent;
 - Authorizing a secure transportation provider to take

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- a respondent into custody and transport the person to an EMS facility or designated facility for an emergency mental health hold;
- Expanding the list of professionals who may terminate the emergency mental health hold;
- Requiring the evaluation to be completed using a standardized form approved by the commissioner;
- Expanding who can initiate a certification to include an advanced practice registered nurse with training in psychiatric nursing and prescriptive authority;
- Requiring an EMS facility to immediately notify the BHA if a person is evaluated and the evaluating professional determines that the person continues to meet the criteria for an emergency mental health hold and the initial emergency mental health hold is set to expire before an appropriate placement is located;
- Requiring the BHA to support the EMS facility in locating an appropriate placement option. If an appropriate placement option cannot be located, the bill authorizes the EMS facility to place the person under a second emergency mental health hold and requires the court to immediately appoint an attorney.
- Authorizing a designated facility to place the person under a second emergency mental health hold if the person has been recently transferred from an EMS facility to the designated facility and the designated facility is unable to complete the evaluation before the initial emergency mental health hold is set to expire; and
- Requiring the facility to provide the person with a discharge summary and a copy of the completed evaluation; facilitate a follow-up appointment within 7 calendar days after discharge; attempt to follow up with the person 48 hours after discharge; and encourage the person to designate a family member, friend, or lay person to participate in the person's discharge planning.
- Effective January 1, 2025:
 - Authorizing the court to certify a respondent for not more than 3 months for short-term treatment and place the respondent in the BHA's custody without the need for an emergency mental health hold upon a petition of certain individuals;

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- Requiring the court to commit the respondent to the custody of the BHA if the court finds that grounds for certification for short-term treatment have been established;
- Authorizing the judge or magistrate who certified the respondent for short-term treatment to sign the notice of certification;
- Requiring the notification of certification to include a recommendation whether the certification should take place on an inpatient or outpatient basis;
- Authorizing the BHA to delegate physical custody of the respondent to a designated facility;
- Requiring an extended certification to be filed with the court at least 30 days prior to the expiration of the original certification;
- Establishing requirements for a short-term or long-term certification on an outpatient basis; and
- Requiring the outpatient treatment provider, in collaboration with the BHA, to develop a treatment plan for the respondent and requiring the BHA to create a one-step grievance process for the respondent related to the respondent's treatment plan or provider.

The bill establishes a right to an attorney for a person certified for short-term or long-term care and treatment, regardless of income.

The bill establishes certain rights for a person transported or detained for an emergency mental health hold or certified on an outpatient basis. The bill modifies current rights for a person certified for short-term or long-term care and treatment on an inpatient basis. The bill grants a person whose rights are wrongfully denied or violated a private right of action against the facility.

Beginning January 1, 2025, the bill requires the BHA to annually submit a report to the general assembly on the outcomes and effectiveness of the involuntary commitment system, disaggregated by region, including any recommendations to improve the system and outcomes for persons involuntarily committed or certified.

The bill makes conforming amendments.

- 1 Be it enacted by the General Assembly of the State of Colorado:
- 2 SECTION 1. In Colorado Revised Statutes, amend with
- 3 **relocated provisions** article 65 of title 27 as follows:

4 ARTICLE 65

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1	Care and Treatment of Persons
2	with Mental Health Disorders
3	27-65-101. Legislative declaration. (1) The general assembly
4	declares that subject to available appropriations, the purposes of this
5	article 65 are:
6	(a) To secure for each person with a mental health disorder such
7	care and treatment suited to his or her THE PERSON'S needs and to ensure
8	that the care and treatment are skillfully and humanely administered with
9	full respect for the person's dignity and personal integrity;
10	(b) To deprive a person of his or her THE PERSON'S liberty for
11	purposes of care or treatment only when less restrictive alternatives are
12	unavailable and only when his or her THE PERSON'S safety or the safety of
13	others is endangered;
14	(c) To provide the fullest possible measure of privacy, dignity, and
15	other rights to persons undergoing care and treatment for a mental health
16	disorder;
17	(d) To encourage the use of voluntary, rather than coercive,
18	measures to provide care and treatment for mental health disorders and
19	to provide the care and treatment in the least restrictive setting;
20	(e) To provide appropriate information to family members
21	concerning the location and fact of admission of a person with a mental
22	health disorder to inpatient or residential care and treatment;
23	(f) To encourage the appropriate participation of family members
24	in the care and treatment of a person with a mental health disorder and,
25	when appropriate, to provide information to family members in order to
26	facilitate that participation; and
27	(g) To facilitate the recovery and resiliency of each person who

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- receives care and treatment pursuant to this article 65.
- 2 (2) To carry out these purposes, subject to available
- appropriations, the provisions of this article shall ARTICLE 65 MUST be
- 4 liberally construed.

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- 5 **27-65-102. Definitions.** As used in this article 65, unless the
- 6 context otherwise requires:
- (1) "Acute treatment unit" means a facility or a distinct part of a facility for short-term psychiatric care, which may include treatment for substance use disorders, that provides a total, twenty-four-hour, therapeutically planned and professionally staffed environment for persons who do not require inpatient hospitalization but need more intense and individual services than are available on an outpatient basis,
- 14 (2) "BEHAVIORAL HEALTH ADMINISTRATION" OR "BHA" MEANS
 15 THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION
 16 27-60-203.

such as crisis management and stabilization services.

- 17 (3) "BEHAVIORAL HEALTH CRISIS" MEANS A SIGNIFICANT
 18 DISRUPTION IN A PERSON'S MENTAL OR EMOTIONAL STABILITY OR
 19 FUNCTIONING RESULTING IN AN URGENT NEED FOR IMMEDIATE
 20 ASSESSMENT AND TREATMENT TO PREVENT A SERIOUS DETERIORATION IN
 21 THE PERSON'S MENTAL OR PHYSICAL HEALTH.
 - (4) "BEHAVIORAL HEALTH CRISIS RESPONSE TEAM" MEANS A MOBILE TEAM THAT RESPONDS TO PEOPLE IN THE COMMUNITY WHO ARE IN A BEHAVIORAL HEALTH CRISIS AND INCLUDES AT LEAST ONE LICENSED OR BACHELOR-DEGREE-LEVEL BEHAVIORAL HEALTH WORKER. A "BEHAVIORAL HEALTH CRISIS RESPONSE TEAM" INCLUDES, BUT IS NOT LIMITED TO, A CO-RESPONDER MODEL, MOBILE CRISIS RESPONSE UNIT, OR

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1	A COMMUNITY RESPONSE TEAM.
2	(1.5) (5) "Behavioral health entity" means a facility or provider
3	organization engaged in providing community-based health services,
4	which may include behavioral health disorder services, alcohol use
5	disorder services, or substance use disorder services, including crisis
6	stabilization, acute or ongoing treatment, or community mental health
7	center services as described in section 27-66-101 (2) and (3), but does not
8	include:
9	(a) Residential child care facilities as defined in section 26-6-102
10	(33); or
11	(b) Services provided by a licensed or certified mental health-care
12	provider under the provider's individual professional practice act on the
13	provider's own premises HAS THE SAME MEANING AS SET FORTH IN
14	SECTION 27-50-101.
15	(2) (6) "Certified peace officer" means any certified peace officer
16	as described in section 16-2.5-102. C.R.S.
17	(7) "COMMISSIONER" MEANS THE COMMISSIONER OF THE
18	BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION
19	27-60-203.
20	(3) (8) "Court" means any district court of the state of Colorado
21	and the probate court in the city and county of Denver.
22	(4) (9) "Court-ordered evaluation" means an evaluation ordered
23	by a court pursuant to section 27-65-106.
24	(4.5) (10) "Danger to THE PERSON'S self or others" means:
25	(a) With respect to an individual, that the individual A PERSON
26	poses a substantial risk of physical harm to himself or herself THE
27	PERSON'S SELF as manifested by evidence of recent threats of or attempts

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1	at suicide or serious bodily harm to himself or herself THE PERSON'S SELF;
2	or
3	(b) With respect to other persons, that the individual A PERSON
4	poses a substantial risk of physical harm to another person or persons, as
5	manifested by evidence of recent homicidal or other violent behavior by
6	the person in question, or by evidence that others are placed in reasonable
7	fear of violent behavior and serious physical harm to them, as evidenced
8	by a recent overt act, attempt, or threat to do serious physical harm by the
9	person in question.
10	(5) (11) "Department" means the department of human services.
11	(5.5) (12) "Emergency medical services facility" means a facility
12	licensed pursuant to part 1 of article 3 of title 25 or certified pursuant to
13	section 25-1.5-103, or any other licensed and certified facility that
14	provides emergency medical services GENERAL HOSPITAL WITH AN
15	EMERGENCY DEPARTMENT OR A FREESTANDING EMERGENCY
16	DEPARTMENT, AS DEFINED IN SECTION 25-1.5-114 (5). An emergency
17	medical services facility is not required to be, but may elect to become,
18	a facility designated or approved by the executive director for a
19	seventy-two-hour treatment and evaluation pursuant to section 27-65-105
20	COMMISSIONER.
21	(13) "EMERGENCY MEDICAL SERVICES PROVIDER" HAS THE SAME
22	MEANING AS SET FORTH IN SECTION 25-3.5-103 (8).
23	(6) (14) "Executive director" means the executive director of the
24	department of human services.
25	(7) (15) "Facility" means a public hospital or a licensed private
26	hospital, elinie, behavioral health entity, community mental health center
27	or clinic, acute treatment unit, institution, or residential child care facility

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that provides treatment for persons with mental health disorders.

(8) (16) "Family member" means a spouse, PARTNER IN A CIVIL UNION, AS DEFINED IN SECTION 14-15-103 (5), parent, adult child, or adult sibling of a person with a mental health disorder.

(9) (17) "Gravely disabled" means a condition in which a person, as a result of a mental health disorder, is incapable of making informed decisions about or providing for his or her THE PERSON'S essential needs without significant supervision and assistance from other people. As a result of being incapable of making these informed decisions, a person who is gravely disabled is at risk of substantial bodily harm, dangerous worsening of any concomitant serious physical illness, significant psychiatric deterioration, or mismanagement of his or her THE PERSON'S essential needs that could result in substantial bodily harm. A person of any age may be "gravely disabled", but such THE term does not include a person whose decision-making capabilities are limited solely by his or her THE PERSON'S developmental disability.

(10) (18) "Hospitalization" means twenty-four-hour out-of-home placement for treatment in a facility for a person with a mental health disorder.

(11) (19) "Independent professional person" means a professional person as defined in subsection (17) of this section, who evaluates a minor's condition as an independent decision-maker and whose recommendations are based on the standard of what is in the best interest of the minor. The professional person may be associated with the admitting mental health facility if he or she THE PROFESSIONAL PERSON is free to independently evaluate the minor's condition and need for treatment and has the authority to refuse admission to any minor who

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1	does not satisfy the statutory standards specified in section 27-65-103 (3)
2	SECTION 27-65-104 (2).
3	(11.3) (20) "Intervening professional" means a person described
4	in section 27-65-105 (1)(a)(II) who may effect a seventy-two-hour hold
5	under the provisions outlined in section 27-65-105 WHO IS ONE OF THE
6	FOLLOWING:
7	(a) A PROFESSIONAL PERSON;
8	(b) A PHYSICIAN ASSISTANT LICENSED PURSUANT TO SECTION
9	12-240-113;
10	(c) AN ADVANCED PRACTICE REGISTERED NURSE, AS DEFINED IN
11	SECTION 12-255-104 (1);
12	(d) A REGISTERED PROFESSIONAL NURSE, AS DEFINED IN SECTION
13	12-255-104 (11), WHO HAS SPECIFIC MENTAL HEALTH TRAINING AS
14	IDENTIFIED BY THE BHA;
15	(e) A CLINICAL SOCIAL WORKER LICENSED PURSUANT TO PART 4 OF
16	ARTICLE 245 OF TITLE 12;
17	(f) A MARRIAGE AND FAMILY THERAPIST LICENSED PURSUANT TO
18	PART 5 OF ARTICLE 245 OF TITLE 12;
19	(g) A PROFESSIONAL COUNSELOR LICENSED PURSUANT TO PART 6
20	of article 245 of title 12; or
21	(h) AN ADDICTION COUNSELOR LICENSED PURSUANT TO PART 8 OF
22	ARTICLE 245 OF TITLE 12.
23	(21) "Lay person" means a person identified by another
24	PERSON WHO IS DETAINED ON AN INVOLUNTARY EMERGENCY MENTAL
25	HEALTH HOLD PURSUANT TO SECTION 27-65-106, CERTIFIED FOR
26	SHORT-TERM TREATMENT PURSUANT TO SECTION 27-65-109, OR
27	CERTIFIED FOR LONG-TERM CARE AND TREATMENT PURSUANT TO SECTION

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1	27-65-110 who is authorized to participate in activities related
2	TO THE PERSON'S INVOLUNTARY EMERGENCY MENTAL HEALTH HOLD,
3	SHORT-TERM TREATMENT, OR LONG-TERM TREATMENT, INCLUDING COURT
4	APPEARANCES, DISCHARGE PLANNING, AND GRIEVANCES. THE PERSON
5	MAY RESCIND THE LAY PERSON'S AUTHORIZATION AT ANY TIME.
6	(11.5) (22) "Mental health disorder" includes one or more
7	substantial disorders of the cognitive, volitional, or emotional processes
8	that grossly impairs judgment or capacity to recognize reality or to control
9	behavior. An intellectual or developmental disability is insufficient to
10	either justify or exclude a finding of a mental health disorder pursuant to
11	the provisions of this article 65.
12	(12) (23) "Minor" means a person under eighteen years of age;
13	except that the term does not include a person who is fifteen years of age
14	or older who is living separately and apart from his or her THE PERSON'S
15	parent or legal guardian and is managing his or her THE PERSON'S OWN
16	financial affairs, regardless of his or her THE PERSON'S source of income,
17	or who is married and living separately and apart from his or her THE
18	PERSON'S parent or legal guardian.
19	(13) (24) "Patient representative" means a person designated by
20	a mental health facility to process patient complaints or grievances or to
21	represent patients who are minors pursuant to section 27-65-103 (5)
22	SECTION 27-65-104 (4).
23	(14) Repealed.
24	(15) (25) "Petitioner" means any person who files any petition in
25	any proceeding in the interest of any person who allegedly has a mental
26	health disorder or is allegedly gravely disabled.
27	(16) (26) "Physician" means a person licensed to practice

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medicine in this state.

(17) (27) "Professional person" means a person licensed to practice medicine in this state, a psychologist certified LICENSED to practice in this state, or a person licensed and in good standing to practice medicine in another state or a psychologist certified LICENSED to practice and in good standing in another state who is providing medical or clinical services at a treatment facility in this state that is operated by the armed forces of the United States, the United States public health service, or the United States department of veterans affairs.

(18) (28) "Residential child care facility" means a facility licensed by the state department of human services pursuant to article 6 of title 26, C.R.S., to provide group care and treatment for children as such facility is defined HAS THE SAME MEANING AS SET FORTH in section 26-6-102 (33). C.R.S. A residential child care facility may be eligible for designation by the executive director of the department of human services COMMISSIONER pursuant to this article ARTICLE 65.

(19) (29) "Respondent" means either a person alleged in a petition filed pursuant to this article 65 to have a mental health disorder or be gravely disabled or a person certified pursuant to the provisions of this article 65.

(20) (30) "Screening" means a review of all petitions; to consist of an interview with the petitioner and, whenever possible, the respondent; an assessment of the problem; an explanation of the petition to the respondent; and a determination of whether the respondent needs and, if so, will accept on a voluntary basis, A comprehensive evaluation, treatment, referral, and other appropriate services, either on an inpatient

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2	(31) "SECURE TRANSPORTATION PROVIDER" MEANS A PROVIDER
3	LICENSED PURSUANT TO SECTION 25-3.5-310 TO PROVIDE PUBLIC OR
4	PRIVATE SECURE TRANSPORTATION SERVICES.
5	27-65-103. Voluntary applications for mental health services.
6	(1) Nothing in this article 65 in any way limits the right of any person to
7	make A voluntary application at any time to any public or private agency
8	or professional person for mental health services, either by direct
9	application in person or by referral from any other public or private
10	agency or professional person. Subject to section 15-14-316 (4), a ward,
11	as defined in section 15-14-102 (15), may be admitted to A hospital or
12	institutional care and treatment for a mental health disorder by consent of
13	WITH the guardian GUARDIAN'S CONSENT for so AS long as the ward
14	agrees to such care and treatment. Within ten days after any such
15	admission, The guardian shall IMMEDIATELY notify in writing the court
16	that appointed the guardian of the admission.
17	(9) (2) For the purpose of this article ARTICLE 65, the treatment by
18	prayer in the practice of the religion of any church which THAT teaches
19	reliance on spiritual means alone for healing shall be IS considered a form
20	of treatment.
21	(10) (3) The medical and legal status of all voluntary patients
22	receiving treatment for mental health disorders in inpatient or custodial
23	facilities must be reviewed at least once every six months.
24	(11) (4) Voluntary patients shall be ARE afforded all the rights and
25	privileges customarily granted by hospitals to their patients.
26	(12)(5)(a) If at any time during a seventy-two-hour evaluation AN
27	EMERGENCY MENTAL HEALTH HOLD of a person who is confined

or an outpatient basis.

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involuntarily the facility staff requests the person to sign in voluntarily and he or she THE PERSON elects to do so, the following advisement shall be given orally and in writing and an appropriate notation shall be made in his or her THE PERSON'S medical record by the professional person or his or her THE PROFESSIONAL PERSON'S designated agent:

6 NOTICE

The decision to sign in voluntarily should be made by you alone and should be free from any force or pressure implied or otherwise. If you do not feel that you are able to make a truly voluntary decision, you may continue to be held at the hospital involuntarily. As an involuntary patient, you will have the right to protest your confinement and request a hearing before a judge.

(b) This subsection (5) does not apply to a person on an emergency mental health hold in an emergency medical services facility.

27-65-104. Voluntary applications for mental health services
- treatment of minors - definition. (1) [Formerly 27-65-103
(2)] Notwithstanding any other provision of law, a minor who is fifteen years of age or older, whether with or without the consent of a parent or legal guardian, may consent to receive mental health services to be rendered by a facility, or by a professional person, or mental health professional licensed pursuant to part 3, 4, 5, 6, or 8 of article 245 of title 12 in any practice setting. Such consent shall is not be subject to disaffirmance because of minority. The professional person or licensed mental health professional rendering mental health services to a minor may, with or without the consent of the minor, advise the MINOR'S parent or legal guardian of the minor of the services given or needed.

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(2) [Formerly 27-65-103 (3)] A minor who is fifteen years of age
or older or a MINOR'S parent or legal guardian, of a minor on the minor's
behalf, may make A voluntary application for hospitalization. AN
application for hospitalization on behalf of a minor who is under fifteen
years of age and who is a ward of the department of human services shall
MUST not be made unless a guardian ad litem has been appointed for the
minor or a petition for the same has been filed with the court by the
agency having custody of the minor; except that such an application for
hospitalization may be made under emergency circumstances requiring
immediate hospitalization, in which case the agency shall file a petition
for appointment of a guardian ad litem within seventy-two hours after
application for admission is made, and the court shall IMMEDIATELY
appoint a guardian ad litem. forthwith. Procedures for hospitalization of
such A minor may proceed pursuant to this section once a petition for
appointment of a guardian ad litem has been filed, if necessary. Whenever
such AN application for hospitalization is made, an independent
professional person shall interview the minor and conduct a careful
investigation into the minor's background, using all available sources,
including, but not limited to, the MINOR'S parents or legal guardian, and
the MINOR'S school, and any other social SERVICE agencies. Prior to
admitting a minor for hospitalization, the independent professional person
shall make the following findings:

- (a) That the minor has a mental health disorder and is in need of hospitalization;
- (b) That a less restrictive treatment alternative is inappropriate or unavailable; and
 - (c) That hospitalization is likely to be beneficial.

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(3) [Formerly 27-65-103 (4)] An interview and investigation by an independent professional person shall not be IS NOT required for a minor who is fifteen years of age or older and who, upon the recommendation of his or her THE MINOR'S treating professional person, seeks voluntary hospitalization with the consent of his or her THE MINOR'S parent or legal guardian. In order to assure that the minor's consent to such hospitalization is voluntary, the minor shall be advised, at or before the time of admission, of his or her THE MINOR'S right to refuse to sign the admission consent form and his or her THE MINOR'S right to revoke his or her THE MINOR'S consent at a later date. If a minor admitted pursuant to this subsection (4) SUBSECTION (3) subsequently revokes his or her THE MINOR'S need for hospitalization pursuant to subsection (5) SUBSECTION (4) of this section shall MUST be initiated immediately.

- (4) [Formerly 27-65-103 (5)] (a) The need for continuing hospitalization of all voluntary MINOR patients who are minors shall MUST be formally reviewed at least every two months. Review pursuant to this subsection (5) shall SUBSECTION (4) MUST fulfill the requirement specified in section 19-1-115 (8) C.R.S., when the minor is fifteen years of age or older and consenting to hospitalization.
- (b) The review shall MUST be conducted by an independent professional person who is not a member of the minor's treating team; or, if the minor, his or her THE MINOR'S physician, and the minor's parent or LEGAL guardian do not object to the need for continued hospitalization, the review required pursuant to this subsection (5) SUBSECTION (4) may be conducted internally by the hospital staff.
 - (c) The independent professional person shall determine whether

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the minor continues to meet the criteria specified in subsection (3) SUBSECTION (2) of this section and whether continued hospitalization is appropriate and shall, at least AT A MINIMUM, conduct an investigation pursuant to subsection (3) SUBSECTION (2) of this section.

- (d) Ten days prior to the review, the patient representative at the mental health facility shall notify the minor of the date of the review and shall assist the minor in articulating to the independent professional person his or her THE MINOR'S wishes concerning continued hospitalization.
- (e) Nothing in this section shall be construed to limit LIMITS a minor's right to seek release from the facility pursuant to any other provisions under the PROVISION OF law.
- (5) [Formerly 27-65-103 (6)] Every six months the review required pursuant to subsection (5) SUBSECTION (4) of this section shall be conducted by an independent professional person who is not a member of the minor's treating team and who has not previously reviewed the child MINOR pursuant to subsection (5) SUBSECTION (4) of this section.
- (6) [Formerly 27-65-103 (7)] (a) When a minor does not consent to or objects to continued hospitalization, the need for such continued hospitalization shall MUST, within ten days, be reviewed pursuant to subsection (5) SUBSECTION (4) of this section by an independent professional person who is not a member of the minor's treating team and who has not previously reviewed the child MINOR pursuant to this subsection (7) SUBSECTION (6). The minor shall be informed of the results of such THE review within three days of AFTER THE REVIEW'S completion. of such review. If the conclusion reached by such THE professional person is that the minor no longer meets the standards for hospitalization

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specified in subsection (3) SUBSECTION (2) of this section, the minor shall MUST be discharged.

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- (b) If, twenty-four hours after being informed of the results of the review specified in paragraph (a) of this subsection (7) SUBSECTION (6)(a) OF THIS SECTION, a minor continues to affirm the objection to hospitalization, the minor shall be advised by the director of the facility or his or her THE DIRECTOR'S duly appointed representative SHALL ADVISE THE MINOR that the minor has the right to retain and consult with an attorney at any time and that the director or his or her THE DIRECTOR'S duly appointed representative shall file, within three days after the request of the minor, a statement requesting an attorney for the minor or, if the minor is under fifteen years of age, a guardian ad litem. The minor; his or her THE MINOR'S attorney, if any; and his or her THE MINOR'S parent, legal guardian, or guardian ad litem, if any, shall also be given written notice that a hearing upon the recommendation for continued hospitalization may be had before the court or a jury upon written request directed to the court pursuant to paragraph (d) of this subsection (7) SUBSECTION (6)(d) OF THIS SECTION.
- (c) Whenever the statement requesting an attorney is filed with the court, the court shall ascertain whether the minor has retained counsel, and, if he or she THE MINOR has not, the court shall, within three days, appoint an attorney to represent the minor, or if the minor is under fifteen years of age, a guardian ad litem. Upon receipt of a petition filed by the guardian ad litem, the court shall appoint an attorney to represent the minor under fifteen years of age.
- (d) (I) The minor or his or her THE MINOR'S attorney or guardian ad litem may, at any time after the minor has continued to affirm his or

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her THE MINOR'S objection to hospitalization pursuant to subsection (7)(b)
SUBSECTION (6)(b) of this section, file a written request that the
recommendation for continued hospitalization be reviewed by the court
or that the treatment be on an outpatient basis. If review is requested, the
court shall hear the matter within ten days after the request, and the court
shall give notice OF THE TIME AND PLACE OF THE HEARING to the minor;
his or her THE MINOR'S attorney, if any; his or her THE MINOR'S parents or
legal guardian; his or her THE MINOR'S guardian ad litem, if any; the
independent professional person; and the minor's treating team. of the
time and place of the hearing. The hearing must be held in accordance
with section 27-65-111 SECTION 27-65-113; except that the court or jury
shall determine that the minor is in need of care and treatment if the court
or jury makes the following findings:

- (A) That the minor has a mental health disorder and is in need of hospitalization;
- (B) That a less restrictive treatment alternative is inappropriate or unavailable; and
 - (C) That hospitalization is likely to be beneficial.
- (II) At the conclusion of the hearing, the court may enter an order confirming the recommendation for continued hospitalization, discharge the minor, or enter any other appropriate order.
- (e) For purposes of this subsection (7) SUBSECTION (6), "objects to hospitalization" means that a minor, with the necessary assistance of hospital staff, has written his or her THE MINOR'S objections to continued hospitalization and has been given an opportunity to affirm or disaffirm such objections forty-eight hours after the objections are first written.
 - (f) A minor may not again object to hospitalization pursuant to

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this subsection (7) SUBSECTION (6) until ninety days after conclusion of proceedings pursuant to this subsection (7) SUBSECTION (6).

- (g) In addition to the rights specified under section 27-65-117 IN SECTION 27-65-119 for persons receiving evaluation, care, or treatment, a written notice specifying the rights of minor children under this section shall MUST be given to each minor upon admission to hospitalization.
- (7) [Formerly 27-65-103 (8)] A minor who no longer meets the standards for hospitalization specified in subsection (3) SUBSECTION (2) of this section shall MUST be discharged.
- **27-65-105.** [Formerly 27-65-104] Rights of respondents. Unless specifically stated in an order by the court, a respondent shall DOES not forfeit any legal right or suffer legal disability by reason of the provisions of this article ARTICLE 65.
- 27-65-106. Emergency mental health hold screening court-ordered evaluation discharge instructions respondent's rights report. (1) [Formerly 27-65-105 (1)] Emergency procedure may be invoked under one of the following conditions:
- (a) (1) When any person appears to have a mental health disorder and, as a result of such mental health disorder, appears to be an imminent danger to others or to himself or herself THE PERSON'S SELF or appears to be gravely disabled, then an intervening professional as specified in subsection (1)(a)(II) of this section OR CERTIFIED PEACE OFFICER, upon probable cause and with such assistance as may be required, may take the person into custody, or cause the person to be taken into custody, and placed in a facility designated or approved by the executive director COMMISSIONER for a seventy-two-hour treatment and evaluation. If such a facility is not available, the person may be taken to an emergency

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1	medical services facility.
2	(I.5) When any person appears to have a mental health disorder
3	and, as a result of such mental health disorder, is in need of immediate
4	evaluation for treatment in order to prevent physical or psychiatric harm
5	to others or to himself or herself, then an intervening professional, as
6	specified in subsection (1)(a)(II) of this section, upon probable cause and
7	with such assistance as may be required, may immediately transport the
8	person to an outpatient mental health facility or other clinically
9	appropriate facility designated or approved by the executive director. It
10	such a facility is not available, the person may be taken to an emergency
11	medical services facility.
12	(II) The following persons may act as intervening professionals
13	to effect a seventy-two-hour hold, as provided in subsections (1)(a)(I) and
14	(1)(a)(I.5) of this section:
15	(A) A certified peace officer;
16	(B) A professional person;
17	(C) A registered professional nurse as defined in section
18	12-255-104 (11) who by reason of postgraduate education and additional
19	nursing preparation has gained knowledge, judgment, and skill in
20	psychiatric or mental health nursing;
21	(D) A licensed marriage and family therapist, licensed
22	professional counselor, or addiction counselor licensed under part 5, 6, or
23	8 of article 245 of title 12 who, by reason of postgraduate education and
24	additional preparation, has gained knowledge, judgment, and skill in

(E) A licensed clinical social worker licensed under the provisions

psychiatric or clinical mental health therapy, forensic psychotherapy, or

the evaluation of mental health disorders; or

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of part 4 of article 245 of title 12.

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- (b) Upon an affidavit sworn to or affirmed before a judge that relates sufficient facts to establish that a person appears to have a mental health disorder and, as a result of the mental health disorder, appears to be an imminent danger to others or to himself or herself THE PERSON'S SELF or appears to be gravely disabled, the court may order the person described in the affidavit to be taken into custody and placed in a facility designated or approved by the executive director COMMISSIONER for a seventy-two-hour treatment and evaluation. Whenever in this article 65 a facility is to be designated or approved by the executive director COMMISSIONER, hospitals, if available, must be approved or designated in each county before other facilities are approved or designated. Whenever in this article 65 a facility is to be designated or approved by the executive director COMMISSIONER as a facility for a stated purpose and the facility to be designated or approved is a private facility, the consent of the private facility to the enforcement of standards set by the executive director COMMISSIONER is a prerequisite to the designation or approval.
- (c) Upon an affidavit sworn to or affirmed before a judge that relates sufficient facts to establish that a person appears to have a mental health disorder and, as a result of the mental health disorder, is in need of immediate evaluation for treatment to prevent physical or psychiatric harm to others or to himself or herself, the court may order the person described in the affidavit to be transported to an outpatient mental health facility or other clinically appropriate facility designated or approved by the executive director.
- (c) (d) [Formerly 27-65-106 (2)] Any individual may petition the court in the county in which the respondent resides or is physically

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present alleging that there is a person who appears to have a mental health disorder and, as a result of the mental health disorder, appears to be a danger to others or to himself or herself THE PERSON'S SELF or appears to be gravely disabled and requesting an evaluation of the person's condition.

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- (2) [Formerly 27-65-105 (2)] When a person is taken into custody pursuant to subsection (1) of this section, he or she THE PERSON must not be detained in a jail, lockup, or other place used for the confinement of persons charged with or convicted of penal offenses.
- (3) [Formerly 27-65-105 (3)] When a person is taken into emergency custody by an intervening professional OR CERTIFIED PEACE OFFICER pursuant to subsection (1) of this section and is presented to an emergency medical services facility or a facility that is designated or approved by the executive director COMMISSIONER, the facility shall require an application in writing, stating the circumstances under which the person's condition was called to the attention of the intervening professional OR CERTIFIED PEACE OFFICER and further stating sufficient facts, obtained from the intervening professional's OR CERTIFIED PEACE OFFICER'S personal observations or obtained from others whom he or she THE INTERVENING PROFESSIONAL OR CERTIFIED PEACE OFFICER reasonably believes to be reliable, to establish that the person has a mental health disorder and, as a result of the mental health disorder, is an imminent danger to others or to himself or herself THE PERSON'S SELF, is gravely disabled, or is in need of immediate evaluation for treatment. The application must indicate when the person was taken into custody and who brought the person's condition to the attention of the intervening professional OR CERTIFIED PEACE OFFICER. A copy of the application must

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1	be furnished to the person being evaluated, and the application must be
2	retained in accordance with the provisions of section 27-65-121 (4)
3	SECTION 27-65-123 (4).
4	(4) (a) [Formerly 27-65-106 (3)] The petition for a court-ordered
5	evaluation must contain the following:
6	(I) The name and address of the petitioner and his or her THE
7	PETITIONER'S interest in the case;
8	(II) The name of the person for whom evaluation is sought who
9	shall be IS designated as the respondent, and, if known to the petitioner,
10	the address, age, sex, marital status, and occupation of the respondent;
11	(III) Allegations of fact indicating that the respondent may have
12	a mental health disorder and, as a result of the mental health disorder, be
13	a danger to others or to himself or herself THE RESPONDENT'S SELF or be
14	gravely disabled and showing reasonable grounds to warrant an
15	evaluation;
16	(IV) The name and address of every person known or believed by
17	the petitioner to be legally responsible for the care, support, and
18	maintenance of the respondent, if available;
19	(V) The name, address, and telephone number of the attorney, if
20	any, who has most recently represented the respondent. If there is no
21	attorney, there shall be a statement as to whether, to the best knowledge
22	of the petitioner, the respondent meets the criteria established by the legal
23	aid agency operating in the county or city and county for it to represent
24	a client.
25	(b) [Formerly 27-65-106 (4)] Upon receipt of a petition satisfying
26	the requirements of subsection (3) SUBSECTION (4)(a) of this section, the
27	court shall designate a facility, approved by the executive director

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COMMISSIONER, or a AN INTERVENING professional, person, OR A CERTIFIED PEACE OFFICER to provide screening of the respondent to determine whether there is probable cause to believe the allegations.

(c) [Formerly 27-65-106 (5)] Following screening, the facility, or INTERVENING professional, person, OR CERTIFIED PEACE OFFICER designated by the court shall file his or her A report with the court. The report must include a recommendation as to whether there is probable cause to believe that the respondent has a mental health disorder and, as a result of the mental health disorder, is a danger to others or to himself or herself THE RESPONDENT'S SELF or is gravely disabled and whether the respondent will voluntarily receive evaluation or treatment. The screening report submitted to the court PURSUANT TO THIS SUBSECTION (4)(c) is confidential in accordance with section 27-65-121 SECTION 27-65-123 and must be furnished to the respondent or his or her THE RESPONDENT'S attorney or personal representative.

(d) [Formerly 27-65-106 (6)] Whenever it appears, by petition and screening pursuant to this section, to the satisfaction of the court that probable cause exists to believe that the respondent has a mental health disorder and, as a result of the mental health disorder, is a danger to others or to himself or herself THE RESPONDENT'S SELF or is gravely disabled and that efforts have been made to secure the cooperation of the respondent, who has refused or failed to accept evaluation voluntarily, the court shall issue an order for evaluation authorizing a certified peace officer OR SECURE TRANSPORTATION PROVIDER to take the respondent into custody and place him or her TRANSPORT THE RESPONDENT in TO a facility designated by the executive director COMMISSIONER for seventy-two-hour treatment and evaluation. At the time of taking the respondent into

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custody, a copy of the petition and the order for evaluation must be given to the respondent and promptly thereafter to any one person designated by the respondent and to the person in charge of the seventy-two-hour treatment and evaluation facility named in the order or his or her THE PERSON'S designee.

- (5) [Formerly 27-65-105 (4)] If the seventy-two-hour treatment and evaluation facility admits the person, it may detain him or her THE PERSON for evaluation and treatment for a period not to exceed seventy-two hours excluding Saturdays, Sundays, and holidays if evaluation and treatment services are not available on those days. For the purposes of this subsection (4) SUBSECTION (5), evaluation and treatment services are not deemed to be available merely because a professional person is on call during weekends or holidays. If, in the opinion of the professional person in charge of the evaluation, the person can be properly cared for without being detained, he or she THE PERSON shall be provided services on a voluntary basis.
- (6) [Formerly 27-65-105 (5)] Each person admitted to a seventy-two-hour treatment and evaluation facility under the provisions of this article ARTICLE 65 shall receive an evaluation as soon as possible after he or she THE PERSON is admitted and shall receive such treatment and care as his or her THE PERSON's condition requires for the full period that he or she THE PERSON is held. The person shall MUST be released before seventy-two hours have elapsed if, in the opinion of the professional person in charge of the evaluation, the person no longer requires evaluation or treatment. Persons who have been detained for seventy-two-hour evaluation and treatment shall be released, referred for further care and treatment on a voluntary basis, or certified for treatment

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1	pursuant to section 27-65-107 SECTION 27-65-109.
2	(7) to (8) Reserved.
3	(9) [Formerly 27-65-105 (7)] (a) On or before July 1, 2019, and
4	each July 1 thereafter, each emergency medical services facility that has
5	treated a person pursuant to this section shall provide an annual report to
6	the department BHA that includes only aggregate DISAGGREGATED and
7	nonidentifying information concerning persons who were treated at an
8	emergency medical services facility pursuant to this section. The report
9	must comply with the provisions of section 24-1-136 (9) and is exempt
10	from the provisions of section 24-1-136 (11)(a)(I). The report must
11	contain the following:
12	(I) The names and counties of the facilities;
13	(II) The total number of persons treated pursuant to this section,
14	including a summary of demographic information;
15	(III) A summary regarding the different reasons for which persons
16	were treated pursuant to this section; and
17	(IV) A summary of the disposition of persons transferred to a
18	designated facility.
19	$(b) (I) \ Any \ information \ {\color{red} {aggregated}} \ {\color{red} {DISAGGREGATED}} \ and \ provided$
20	to the department BHA pursuant to this subsection (7) SUBSECTION (9) is
21	privileged and confidential. Such information must not be made available
22	to the public except in an aggregate format that cannot be used to identify
23	an individual facility. The information is not subject to civil subpoena and
24	is not discoverable or admissible in any civil, criminal, or administrative
25	proceeding against an emergency medical services facility or health-care
26	professional. The information must be used only to assess statewide
27	behavioral health services needs and to plan for sufficient levels of

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statewide behavioral health services. In the collection of data to accomplish the requirements of this subsection (7) SUBSECTION (9), the department BHA shall protect the confidentiality of patient records, in accordance with state and federal laws, and shall not disclose any public identifying or proprietary information of any hospital, hospital administrator, health-care professional, or employee of a health-care facility.

(II) Subsection (7)(b)(I) SUBSECTION (9)(b)(I) of this section does not apply to information that is otherwise available from a source outside

(II) Subsection (7)(b)(I) SUBSECTION (9)(b)(I) of this section does not apply to information that is otherwise available from a source outside of the data collection activities required pursuant to subsection (7)(a) SUBSECTION (9)(a) of this section.

27-65-107. Emergency transportation - application - screening - respondent's rights. (1) (a) When a certified peace officer or emergency medical services provider has probable cause to believe a person is experiencing a behavioral health crisis or is gravely disabled and, as a result, without professional intervention the person may be a danger to the person's self or others, then the certified peace officer or emergency medical services provider may take the person into protective custody and transport the person to an outpatient mental health facility or a facility designated by the commissioner or other clinically appropriate facility designated by the commissioner. If such a service is not available, the person may be taken to an emergency medical services facility.

(b) AN INDIVIDUAL MAY NOT BE TRANSPORTED PURSUANT TO THIS SUBSECTION (1) IF AN INTERVENING PROFESSIONAL HAS ASSESSED THE PERSON DURING THE SAME EMERGENCY EVENT AND DETERMINED THE

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1	INDIVIDUAL DOES NOT MEET THE CRITERIA FOR AN EMERGENCY MENTAL
2	HEALTH HOLD PURSUANT TO SECTION 27-65-106.
3	(c) IF A BEHAVIORAL HEATH CRISIS RESPONSE TEAM IS KNOWN TO
4	BE AVAILABLE IN A TIMELY MANNER, THE CERTIFIED PEACE OFFICER OR
5	EMERGENCY MEDICAL SERVICES PROVIDER SHALL ACCESS THE
6	BEHAVIORAL HEALTH CRISIS RESPONSE TEAM PRIOR TO TRANSPORTING AN
7	INDIVIDUAL INVOLUNTARILY PURSUANT TO THIS SUBSECTION (1).
8	(2) WHEN A PERSON IS TRANSPORTED AGAINST THE PERSON'S WILL
9	PURSUANT TO SUBSECTION (1) OF THIS SECTION, THE FACILITY SHALL
10	REQUIRE AN APPLICATION, IN WRITING, STATING THE CIRCUMSTANCES
11	UNDER WHICH THE PERSON'S CONDITION WAS CALLED TO THE ATTENTION
12	OF THE CERTIFIED PEACE OFFICER OR EMERGENCY MEDICAL SERVICES
13	PROVIDER AND FURTHER STATING SUFFICIENT FACTS, OBTAINED FROM
14	PERSONAL OBSERVATIONS OR OBTAINED FROM OTHERS WHOM THE
15	CERTIFIED PEACE OFFICER OR EMERGENCY MEDICAL SERVICES PROVIDER
16	REASONABLY BELIEVES TO BE RELIABLE, TO ESTABLISH THAT THE PERSON
17	IS EXPERIENCING A BEHAVIORAL HEALTH CRISIS OR IS GRAVELY DISABLED
18	AND, AS A RESULT, IT IS BELIEVED THAT WITHOUT PROFESSIONAL
19	INTERVENTION THE PERSON MAY BE A DANGER TO THE PERSON'S SELF OR
20	OTHERS. THE APPLICATION MUST INDICATE THE NAME OF THE PERSON AND
21	THE TIME THE PERSON WAS TRANSPORTED. A COPY OF THE APPLICATION
22	MUST BE FURNISHED TO THE PERSON BEING TRANSPORTED.
23	(3) ONCE THE PERSON IS PRESENTED TO AN OUTPATIENT MENTAL
24	HEALTH FACILITY OR FACILITY DESIGNATED BY THE COMMISSIONER, AN
25	INTERVENING PROFESSIONAL SHALL SCREEN THE PERSON IMMEDIATELY.
26	IF AN INTERVENING PROFESSIONAL IS NOT IMMEDIATELY AVAILABLE, THE
27	PERSON MUST BE SCREENED WITHIN EIGHT HOURS AFTER THE PERSON'S

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1	ARRIVAL AT THE FACILITY TO DETERMINE IF THE PERSON MEETS CRITERIA
2	FOR AN EMERGENCY MENTAL HEALTH HOLD PURSUANT TO SECTION
3	27-65-106. Once the screening is completed and if the person
4	MEETS THE CRITERIA, THE INTERVENING PROFESSIONAL SHALL FIRST
5	PURSUE VOLUNTARY TREATMENT AND EVALUATION. IF THE PERSON
6	REFUSES OR THE INTERVENING PROFESSIONAL HAS REASONABLE GROUNDS
7	TO BELIEVE THE PERSON WILL NOT REMAIN VOLUNTARILY, THE
8	INTERVENING PROFESSIONAL MAY PLACE THE PERSON UNDER AN
9	EMERGENCY MENTAL HEALTH HOLD PURSUANT TO SECTION 27-65-106.
10	(4) (a) A PERSON DETAINED PURSUANT TO THIS SECTION AT AN
11	OUTPATIENT MENTAL HEALTH FACILITY OR FACILITY DESIGNATED BY THE
12	COMMISSIONER, HAS THE FOLLOWING RIGHTS WHILE BEING DETAINED,
13	WHICH MUST BE EXPLAINED TO THE PERSON BEFORE BEING TRANSPORTED
14	TO A RECEIVING FACILITY:
15	(I) TO NOT BE DETAINED UNDER AN EMERGENCY TRANSPORTATION
16	HOLD PURSUANT TO THIS SECTION FOR LONGER THAN FOURTEEN HOURS,
17	TO NOT BE TRANSPORTED FOR LONGER THAN SIX HOURS, AND TO RECEIVE
18	A SCREENING WITHIN EIGHT HOURS AFTER BEING PRESENTED TO THE
19	RECEIVING FACILITY. THIS SUBSECTION (4)(a)(I) DOES NOT PROHIBIT A
20	FACILITY FROM HOLDING THE PERSON AS AUTHORIZED BY STATE AND
21	FEDERAL LAW, INCLUDING THE FEDERAL "EMERGENCY MEDICAL
22	TREATMENT AND LABOR ACT", 42 U.S.C. SEC. 1395dd, OR IF THE
23	TREATING PROFESSIONAL DETERMINES THAT THE INDIVIDUAL'S PHYSICAL
24	OR MENTAL HEALTH DISORDER IMPAIRS THE PERSON'S ABILITY TO MAKE
25	AN INFORMED DECISION TO REFUSE CARE AND THE PROVIDER DETERMINES
26	THAT FURTHER CARE IS INDICATED.
27	(II) TO DECLIEST A DHONE CALL TO AN INTEDESTED DADTY DDIOD

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1	TO BEING TRANSPORTED. IF THE CERTIFIED PEACE OFFICER OR EMERGENCY
2	MEDICAL SERVICES PROVIDER BELIEVES ACCESS TO A PHONE POSES A
3	PHYSICAL DANGER TO THE PERSON OR SOMEONE ELSE, THE RECEIVING
4	FACILITY SHALL MAKE THE CALL ON THE PERSON'S BEHALF IMMEDIATELY
5	UPON ARRIVAL AT THE RECEIVING FACILITY.
6	(III) TO WEAR THE PERSON'S OWN CLOTHES AND KEEP AND USE
7	PERSONAL POSSESSIONS THAT THE PERSON HAD IN THE PERSON'S
8	POSSESSION AT THE TIME OF DETAINMENT. A FACILITY MAY TEMPORARILY
9	RESTRICT A PERSON'S ACCESS TO PERSONAL CLOTHING OR PERSONAL
10	POSSESSIONS UNTIL A SAFETY ASSESSMENT IS COMPLETED. IF THE FACILITY
11	RESTRICTS A PERSON'S ACCESS TO PERSONAL CLOTHING OR PERSONAL
12	POSSESSIONS, THE FACILITY SHALL HAVE A DISCUSSION WITH THE PERSON
13	ABOUT WHY THE PERSON'S PERSONAL CLOTHING OR PERSONAL
14	POSSESSIONS ARE BEING RESTRICTED. A LICENSED MEDICAL PROFESSIONAL
15	OR A LICENSED BEHAVIORAL HEALTH PROFESSIONAL SHALL CONDUCT A
16	SAFETY ASSESSMENT AS SOON AS POSSIBLE. THE LICENSED PROFESSIONAL
17	SHALL DOCUMENT IN THE PERSON'S MEDICAL RECORD THE SPECIFIC
18	REASONS WHY IT IS NOT SAFE FOR THE PERSON TO POSSESS THE PERSON'S
19	PERSONAL CLOTHING OR PERSONAL POSSESSIONS.
20	(IV) TO KEEP AND USE THE PERSON'S CELL PHONE, UNLESS ACCESS
21	TO THE CELL PHONE CAUSES THE PERSON TO DESTABILIZE OR CREATES A
22	DANGER TO THE PERSON'S SELF OR OTHERS, AS DETERMINED BY A
23	PROVIDER, FACILITY STAFF MEMBER, OR SECURITY PERSONNEL INVOLVED
24	IN THE PERSON'S CARE;
25	(V) TO HAVE APPROPRIATE ACCESS TO ADEQUATE WATER AND
26	FOOD AND TO HAVE THE PERSON'S NUTRITIONAL NEEDS MET IN A MANNER
27	THAT IS CONSISTENT WITH RECOGNIZED DIETARY PRACTICES;

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1	(VI) TO BE TREATED FAIRLY, WITH RESPECT AND RECOGNITION OF
2	THE PERSON'S DIGNITY AND INDIVIDUALITY; AND
3	(VII) TO FILE A GRIEVANCE WITH THE BHA, THE DEPARTMENT OF
4	PUBLIC HEALTH AND ENVIRONMENT, OR THE OFFICE OF THE OMBUDSMAN
5	FOR BEHAVIORAL HEALTH ACCESS TO CARE ESTABLISHED PURSUANT TO
6	PART 3 OF ARTICLE 80 OF TITLE 27.
7	(b) A PERSON'S RIGHTS PURSUANT TO SUBSECTION (4)(a) OF THIS
8	SECTION MAY ONLY BE DENIED IF ACCESS TO THE ITEM, PROGRAM, OR
9	SERVICE CAUSES THE PERSON TO DESTABILIZE OR CREATES A DANGER TO
10	THE PERSON'S SELF OR OTHERS, AS DETERMINED BY A LICENSED PROVIDER
11	INVOLVED IN THE PERSON'S CARE OR TRANSPORTATION. DENIAL OF ANY
12	RIGHT MUST BE ENTERED INTO THE PERSON'S TREATMENT RECORD OR
13	BHA-APPROVED FORM. INFORMATION PERTAINING TO A DENIAL OF RIGHTS
14	CONTAINED IN THE PERSON'S TREATMENT RECORD MUST BE MADE
15	AVAILABLE, UPON REQUEST, TO THE PERSON, THE PERSON'S ATTORNEY, OR
16	THE PERSON'S LAY PERSON.
17	27-65-108. Care coordination for persons certified or
18	in need of ongoing treatment. (1) A FACILITY DESIGNATED BY THE
19	COMMISSIONER SHALL NOTIFY AND ENGAGE THE BHA PRIOR TO
20	TERMINATING OR TRANSFERRING A PERSON CERTIFIED PURSUANT TO
21	SECTION 27-65-109, 27-65-110, OR 27-65-111. THE BHA MAY PROVIDE
22	CARE COORDINATION SERVICES TO SUPPORT A PERSON WHOSE
23	CERTIFICATION IS TERMINATED BUT WHO IS IN NEED OF ONGOING
24	TREATMENT AND SERVICES.
25	(2) THE BHA SHALL, DIRECTLY OR THROUGH CONTRACT, PROVIDE
26	CARE COORDINATION SERVICES TO A PERSON CERTIFIED PURSUANT TO
27	SECTION 27-65-109, 27-65-110, OR 27-65-111 AND DETERMINED BY THE

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1	DESIGNATED FACILITY AND THE BHA TO NEED CARE COORDINATION
2	SERVICES.
3	27-65-109. Certification for short-term treatment - procedure.
4	(1) [Formerly 27-65-107 (1)] If a person detained for seventy-two hours
5	pursuant to the provisions of section 27-65-105 or a respondent under
6	court order for evaluation pursuant to section 27-65-106 has received an
7	evaluation, he or she THE PERSON may be certified for not more than three
8	months of FOR short-term treatment under the following conditions:
9	(a) The professional staff of the agency or facility providing
10	seventy-two-hour treatment and evaluation has analyzed the person's
11	condition and has found the person has a mental health disorder and, as
12	a result of the mental health disorder, is a danger to others or to himself
13	or herself THE PERSON'S SELF or is gravely disabled;
14	(b) The person has been advised of the availability of, but has not
15	accepted, voluntary treatment; but, if reasonable grounds exist to believe
16	that the person will not remain in a voluntary treatment program, his or
17	her THE PERSON'S acceptance of voluntary treatment shall DOES not
18	preclude certification; AND
19	(c) The facility which THAT will provide short-term treatment has
20	been designated or approved by the executive director COMMISSIONER to
21	provide such treatment.
22	(2) [Formerly 27-65-107 (2)] The notice of certification must be
23	signed by a professional person on the staff of the evaluation facility who
24	participated in the evaluation and must:
25	(a) State facts sufficient to establish reasonable grounds to believe
26	that the person has a mental health disorder and, as a result of the mental
27	health disorder, is a danger to others or to himself or herself THE PERSON'S

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SELF or is gravely disabled; The certification must

- (b) Be filed with the court within forty-eight hours, excluding Saturdays, Sundays, and court holidays, of the date of certification; The certification must AND
- (c) Be filed with the court in the county in which the respondent resided or was physically present immediately prior to being taken into custody.
- (3) [Formerly 27-65-107 (3)] Within twenty-four hours of AFTER certification, copies of the certification shall MUST be personally delivered to the respondent, and a copy shall MUST be kept by the evaluation facility as part of the person's RESPONDENT'S record. The respondent shall MUST also be asked to designate one other person whom he or she THE RESPONDENT wishes informed regarding certification. If he or she THE RESPONDENT is incapable of making such a designation at the time the certification is delivered, he or she shall THE RESPONDENT MUST be asked to designate such person as soon as he or she THE RESPONDENT is capable. In addition to the copy of the certification, the respondent shall MUST be given a written notice that a hearing upon his or her THE RESPONDENT'S certification for short-term treatment may be had before the court or a jury upon written request directed to the court pursuant to subsection (6) of this section.
- (4) **[Formerly 27-65-107 (4)]** Upon certification of the respondent, the facility designated for short-term treatment shall have HAS custody of the respondent.
- (5) [Formerly 27-65-107 (5)] Whenever a certification is filed with the court BY A PROFESSIONAL PERSON, the court if it has not already done so under section 27-65-106 (10), shall forthwith IMMEDIATELY

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appoint an attorney to represent the respondent. The court shall determine whether the respondent is able to afford an attorney. If the respondent cannot afford counsel, the court shall appoint either counsel from the legal services program operating in that jurisdiction or private counsel to represent the respondent. THE RESPONDENT HAS THE RIGHT TO AN ATTORNEY FOR ALL PROCEEDINGS CONDUCTED PURSUANT TO THIS SECTION, INCLUDING ANY APPEALS. The attorney representing the respondent shall MUST be provided with a copy of the certification immediately upon his or her THE ATTORNEY'S appointment. Waiver of counsel must be knowingly and intelligently made in writing and filed with the court by the respondent. In the event that a respondent who is able to afford an attorney fails to pay the appointed counsel, such counsel, upon application to the court and after appropriate notice and hearing, may obtain a judgment for reasonable attorney fees against the respondent or person making request for such counsel or both the respondent and such person The respondent may only waive counsel when the RESPONDENT MAKES A KNOWING AND INTELLIGENT WAIVER IN FRONT OF THE COURT.

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(6) [Formerly 27-65-107 (6)] The respondent for short-term treatment or his or her THE RESPONDENT'S attorney may at any time file a written request that the certification for short-term treatment or the treatment be reviewed by the court or that the treatment be on an outpatient basis. If review is requested, the court shall hear the matter within ten days after the request, and the court shall give notice to the respondent and his or her THE RESPONDENT'S attorney and the certifying and treating professional person of the time and place thereof. The hearing shall MUST be held in accordance with section 27-65-111 SECTION

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27-65-113. At the conclusion of the hearing, the court may enter or confirm the certification for short-term treatment, discharge the respondent, or enter any other appropriate order, subject to available appropriations.

(7) [Formerly 27-65-107 (7)] Records and papers in proceedings under this section and section 27-65-108 shall MUST be maintained separately by the clerks of the several courts. Upon the release of any respondent in accordance with the provisions of section 27-65-110 SECTION 27-65-112, the facility shall notify the clerk of the court within five days of AFTER the release, and the clerk shall forthwith seal the record in the case and omit the name of the respondent from the index of cases in such THE court until and unless the respondent becomes subject to an order of long-term care and treatment pursuant to section 27-65-109 SECTION 27-65-110 or until and unless the court orders them opened for good cause shown. In the event a petition is filed pursuant to section 27-65-109, such SECTION 27-65-110, THE certification record may be opened and become a part of the record in the long-term care and treatment case and the name of the respondent indexed.

(8) [Formerly 27-65-107 (8)] Whenever it appears to the court, by reason of a report by the treating professional person or any other report satisfactory to the court, that a respondent detained for evaluation and treatment or certified for treatment should be transferred to another facility for treatment and the safety of the respondent or the public requires that the respondent be transported by A secure transportation as defined in section 25-3.5-103 (11.4) PROVIDER, or a sheriff, LAW ENFORCEMENT AGENCY, the court may issue an order directing the sheriff or the sheriff's designee, LAW ENFORCEMENT AGENCY WHERE THE

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RESPONDENT RESIDES to deliver the respondent to the designated facility.

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(9) A RESPONDENT CERTIFIED FOR SHORT-TERM TREATMENT MAY BE DISCHARGED UPON THE SIGNATURE OF THE TREATING MEDICAL PROFESSIONAL AND THE MEDICAL DIRECTOR OF THE FACILITY. A RESPONDENT CERTIFIED FOR SHORT-TERM TREATMENT ON AN OUTPATIENT BASIS MAY BE DISCHARGED UPON THE SIGNATURE OF THE APPROVED PROFESSIONAL PERSON OVERSEEING THE RESPONDENT'S TREATMENT, AND THE PROFESSIONAL PERSON SHALL NOTIFY THE BHA PRIOR TO THE DISCHARGE. A FACILITY OR PROGRAM SHALL MAKE THE RESPONDENT'S DISCHARGE INSTRUCTIONS AVAILABLE TO THE RESPONDENT, THE RESPONDENT'S ATTORNEY, AND THE RESPONDENT'S LEGAL GUARDIAN, IF APPLICABLE, WITHIN SEVEN DAYS AFTER DISCHARGE, IF REQUESTED. A FACILITY OR PROGRAM THAT IS TRANSFERRING A RESPONDENT TO A DIFFERENT TREATMENT FACILITY OR TO AN OUTPATIENT PROVIDER SHALL PROVIDE ALL TREATMENT RECORDS TO THE FACILITY OR PROVIDER ACCEPTING THE RESPONDENT AT LEAST TWENTY-FOUR HOURS PRIOR TO THE TRANSFER.

(10) [Formerly 27-65-108] If the professional person in charge of the evaluation and treatment believes that a period longer than three months is necessary for treatment of the respondent, he or she THE PROFESSIONAL PERSON shall file with the court an extended certification. No Extended certification for treatment shall be IS NOT for a period of more than three months. The respondent shall be IS entitled to a hearing on the extended certification under the same conditions as in an original certification. The attorney initially representing the respondent shall continue to represent that person THE RESPONDENT, unless the court appoints another attorney.

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27-65-110. Long-term care and treatment of persons with mental health disorders - procedure. (1) [Formerly 27-65-109 (1)] Whenever a respondent has received short-term treatment for five consecutive months pursuant to the provisions of sections 27-65-107 and 27-65-108 AN EXTENDED CERTIFICATION FOR TREATMENT PURSUANT SECTION 27-65-109 (10), the professional person in charge of the evaluation and treatment CERTIFICATION FOR SHORT-TERM TREATMENT OR THE BHA may file a petition with the court AT LEAST THIRTY DAYS PRIOR TO THE EXPIRATION DATE OF THE EXTENDED CERTIFICATION for long-term care and treatment of the respondent under the following conditions:

- (a) The professional staff of the agency or facility providing short-term treatment has analyzed the respondent's condition and has found that the respondent has a mental health disorder and, as a result of the mental health disorder, is a danger to others or to himself or herself THE RESPONDENT'S SELF OR OTHERS or is gravely disabled;
- (b) The respondent has been advised of the availability of, but has not accepted, voluntary treatment; but, if reasonable grounds exist to believe that the respondent will not remain in a voluntary treatment program, his or her THE RESPONDENT'S acceptance of voluntary treatment shall DOES not preclude an order pursuant to this section; AND
- (c) The facility that will provide long-term care and treatment has been designated or approved by the executive director BY THE COMMISSIONER to provide the care and treatment.
- (2) [Formerly 27-65-109 (2)] Every petition for long-term care and treatment shall MUST include a request for a hearing before the court prior to the expiration of six months from AFTER the date of original certification AND PROVIDE A RECOMMENDATION AS TO WHETHER THE

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CERTIFICATION FOR LONG-TERM CARE AND TREATMENT SHOULD TAKE PLACE ON AN INPATIENT OR OUTPATIENT BASIS. A copy of the petition shall MUST be delivered personally to the respondent for whom long-term care and treatment is sought and mailed to his or her ELECTRONICALLY DELIVERED TO THE RESPONDENT'S attorney of record simultaneously with the filing. thereof.

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(3) [Formerly 27-65-109 (3)] Within ten days after receipt of the petition, the respondent or his or her THE RESPONDENT'S attorney may request A HEARING BEFORE THE COURT OR a jury trial by filing a written request therefor with the court.

(4) [Formerly 27-65-109 (4)] The court or jury shall determine whether the conditions of subsection (1) of this section are met and whether the respondent has a mental health disorder and, as a result of the mental health disorder, is a danger to others or to himself or herself THE RESPONDENT'S SELF OR OTHERS or is gravely disabled. The court shall thereupon issue an order of long-term care and treatment for a term not to exceed six months, or it shall discharge the respondent for whom long-term care and treatment was sought, or it shall enter any other appropriate order. subject to available appropriations. An order for long-term care and treatment must grant custody of the respondent to the department BHA for placement with an agency or facility designated by the executive director COMMISSIONER to provide long-term care and treatment. THE BHA MAY DELEGATE THE PHYSICAL CUSTODY OF THE RESPONDENT TO A FACILITY DESIGNATED BY THE COMMISSIONER AND THE REQUIREMENT FOR THE PROVISION OF SERVICES AND CARE COORDINATION. When a petition contains a request that a specific legal disability be imposed or that a specific legal right be deprived, the court may order the

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disability imposed or the right deprived if the court or a jury has determined that the respondent has a mental health disorder or is gravely disabled and that, by reason thereof AS A RESULT, the person RESPONDENT is unable to competently exercise said THE SPECIFIC LEGAL right or perform the function as to FOR which the disability is sought to be imposed. Any interested person may ask leave of the court to intervene as a copetitioner for the purpose of seeking the imposition of a legal disability or the deprivation of a legal right.

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(5) [Formerly 27-65-109 (5)] An original order of long-term care and treatment or any extension of such order expires on the date specified, unless further extended as provided in this subsection (5). If an extension is being sought, the professional person in charge of the evaluation and treatment shall certify to the court at least thirty days prior to the expiration date of the order in force that an extension of the order is necessary for the care and treatment of the respondent subject to the order in force, and a copy of the certification must be SIMULTANEOUSLY delivered to the respondent and simultaneously mailed to his or her ELECTRONICALLY DELIVERED TO THE RESPONDENT'S attorney of record. At least twenty days before the expiration of the order, the court shall give written notice to the respondent and his or her THE RESPONDENT'S attorney of record that a hearing upon the extension may be had before the court or a jury upon written request to the court within ten days after receipt of the notice. If a hearing is not requested by the respondent within such time, the court may proceed ex parte. If a hearing is timely requested, it THE HEARING must be held before the expiration date of the order in force. If the court or jury finds that the conditions of subsection (1) of this section continue to be met and that the respondent has a mental

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health disorder and, as a result of the mental health disorder, is a danger to others or to himself or herself THE RESPONDENT'S SELF or is gravely disabled, the court shall issue an extension of the order. Any extension must not exceed six months, but there may be as many extensions as the court orders pursuant to this section.

TREATMENT MAY BE DISCHARGED FROM THE FACILITY UPON THE SIGNATURE OF THE TREATING PROFESSIONAL PERSON AND MEDICAL DIRECTOR OF THE FACILITY, AND THE FACILITY SHALL NOTIFY THE BHA PRIOR TO THE RESPONDENT'S DISCHARGE. THE FACILITY SHALL MAKE THE RESPONDENT'S DISCHARGE INSTRUCTIONS AVAILABLE TO THE RESPONDENT, THE RESPONDENT'S ATTORNEY, THE RESPONDENT'S LAY PERSON, AND THE RESPONDENT'S LEGAL GUARDIAN, IF APPLICABLE, WITHIN ONE WEEK AFTER DISCHARGE, IF REQUESTED. A FACILITY THAT IS TRANSFERRING A RESPONDENT TO A DIFFERENT FACILITY OR TO AN OUTPATIENT PROGRAM SHALL PROVIDE ALL TREATMENT RECORDS TO THE FACILITY OR PROVIDER ACCEPTING THE RESPONDENT AT LEAST TWENTY-FOUR HOURS PRIOR TO THE TRANSFER.

27-65-111. Certification on an outpatient basis - short-term and long-term care. (1) Any respondent certified pursuant to section 27-65-109 or 27-65-110 may be provided treatment on an outpatient basis. The outpatient treatment provider shall develop a treatment plan for the respondent receiving treatment on an outpatient basis with the goal of the respondent finding and sustaining recovery. The treatment plan must include measures to keep the respondent or others safe, as informed by the respondent's need for certification. The

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1	TREATMENT PLAN MAY INCLUDE, BUT IS NOT LIMITED TO:
2	(a) INTENSIVE CASE MANAGEMENT;
3	(b) ASSERTIVE COMMUNITY TREATMENT;
4	(c) PEER RECOVERY SERVICES;
5	(d) INDIVIDUAL OR GROUP THERAPY;
6	(e) DAY OR PARTIAL-DAY PROGRAMMING ACTIVITIES;
7	(f) INTENSIVE OUTPATIENT PROGRAMS;
8	(g) EDUCATIONAL AND VOCATIONAL TRAINING OR ACTIVITIES; AND
9	(h) HOUSING AND TRANSPORTATION ASSISTANCE.
10	(2) THE RESPONDENT, THE RESPONDENT'S LEGAL GUARDIAN, THE
11	RESPONDENT'S PATIENT REPRESENTATIVE OR THE RESPONDENT'S LAY
12	PERSON, OR ANY PARTY AT ANY COURT HEARING MAY CONTEST A
13	RESPONDENT'S TREATMENT REGIMEN, INCLUDING COURT-ORDERED
14	MEDICATIONS, AT ANY COURT HEARING RELATED TO THE RESPONDENT'S
15	CERTIFICATION FOR TREATMENT.
16	(3) The facility responsible for providing services to a
17	RESPONDENT ON A CERTIFICATION ON AN OUTPATIENT BASIS SHALL
18	PROACTIVELY REACH OUT TO THE RESPONDENT TO ENGAGE THE
19	RESPONDENT IN TREATMENT. IF THE RESPONDENT REFUSES TREATMENT OR
20	COURT-ORDERED MEDICATION AND IS DECOMPENSATING
21	PSYCHIATRICALLY, THE COURT MAY ORDER A CERTIFIED PEACE OFFICER OR
22	SECURE TRANSPORTATION PROVIDER TO TRANSPORT THE RESPONDENT TO
23	AN APPROPRIATE, LEAST RESTRICTIVE DESIGNATED FACILITY IN
24	COLLABORATION WITH THE BHA AND THE PROVIDER HOLDING THE
25	CERTIFICATION. THE RESPONDENT DOES NOT NEED TO BE IMMINENTLY
26	DANGEROUS TO THE RESPONDENT'S SELF OR OTHERS FOR THE PROVIDER TO
27	REQUEST, AND THE COURT TO ORDER, TRANSPORTATION TO A FACILITY

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1	FOR THE RESPONDENT TO RECEIVE TREATMENT AND COURT-ORDERED
2	MEDICATIONS. THE FACILITY RESPONSIBLE FOR PROVIDING SERVICES TO A
3	RESPONDENT ON A CERTIFICATION ON AN OUTPATIENT BASIS SHALL
4	PROVIDE THE COURT INFORMATION ON THE FACILITY'S PROACTIVE
5	OUTREACH TO THE RESPONDENT AND THE PROFESSIONAL PERSON'S AND
6	PSYCHIATRIC ADVANCED PRACTICE REGISTERED NURSE'S BASIS FOR
7	MEDICAL OPINION.
8	(4) IF A RESPONDENT IS PLACED IN A MORE RESTRICTIVE SETTING,
9	THE RESPONDENT HAS THE RIGHT TO JUDICIAL REVIEW WITHIN TEN DAYS
10	AFTER FILING A WRITTEN REQUEST.
11	(5) (a) IN ADDITION TO ANY OTHER LIMITATION ON LIABILITY, A
12	PERSON PROVIDING CARE TO A RESPONDENT PLACED ON SHORT-TERM OR
13	LONG-TERM CERTIFICATION ON AN OUTPATIENT BASIS IS ONLY LIABLE FOR
14	HARM SUBSEQUENTLY CAUSED BY OR TO A RESPONDENT WHO:
15	(I) HAS BEEN TERMINATED FROM CERTIFICATION DESPITE MEETING
16	STATUTORY CRITERIA FOR CERTIFICATION PURSUANT TO SECTION
17	27-65-109 or 27-65-110; or
18	(II) PROVIDED SERVICES TO THE RESPONDENT NOT WITHIN THE
19	SCOPE OF THE PERSON'S PROFESSIONAL LICENSE, OR WAS RECKLESS OR
20	GROSSLY NEGLIGENT IN PROVIDING SERVICES.
21	(b) A PROVIDER IS NOT LIABLE IF A RESPONDENT'S CERTIFICATION
22	IS TERMINATED, DESPITE MEETING CRITERIA FOR CERTIFICATION, IF THE
23	PROVIDER IS UNABLE TO LOCATE THE RESPONDENT DESPITE PROACTIVE
24	AND REASONABLE OUTREACH.
25	(6) A RESPONDENT SUBJECT TO A SHORT-TERM OR LONG-TERM
26	CERTIFICATION ON AN OUTPATIENT BASIS HAS THE FOLLOWING RIGHTS, IN
27	ADDITION TO THOSE ENUMERATED IN SECTION 27-65-119:

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1	(a) 10 REQUEST A CHANGE TO VOLUNTARY STATUS. A CHANGE TO
2	VOLUNTARY STATUS MAY BE DENIED BY THE SUPERVISING PROFESSIONAL
3	PERSON OR ADVANCED PRACTICE REGISTERED NURSE WITH TRAINING IN
4	PSYCHIATRIC NURSING RESPONSIBLE FOR THE RESPONDENT'S TREATMENT
5	IF THE PROFESSIONAL PERSON OR ADVANCED PRACTICE REGISTERED NURSE
6	WITH TRAINING IN PSYCHIATRIC NURSING DETERMINES REASONABLE
7	GROUNDS EXIST TO BELIEVE THAT THE RESPONDENT WILL NOT REMAIN IN
8	A VOLUNTARY TREATMENT PROGRAM.
9	(b) TO BE TREATED FAIRLY, WITH RESPECT AND RECOGNITION OF
10	THE RESPONDENT'S DIGNITY AND INDIVIDUALITY, BY ALL EMPLOYEES OF
11	THE TREATMENT FACILITY WITH WHOM THE RESPONDENT COMES IN
12	CONTACT;
13	(c) TO APPROPRIATE TREATMENT, WHICH MUST BE ADMINISTERED
14	SKILLFULLY, SAFELY, AND HUMANELY. A RESPONDENT SHALL RECEIVE
15	TREATMENT SUITED TO THE RESPONDENT'S NEEDS THAT MUST BE
16	DETERMINED IN COLLABORATION WITH THE RESPONDENT.
17	(d) TO NOT BE DISCRIMINATED AGAINST ON THE BASIS OF AGE,
18	RACE, ETHNICITY, RELIGION, CULTURE, SPOKEN LANGUAGE, PHYSICAL OR
19	MENTAL DISABILITY, SOCIOECONOMIC STATUS, SEX, SEXUAL ORIENTATION,
20	GENDER IDENTITY, OR GENDER EXPRESSION;
21	(e) TO RETAIN AND CONSULT WITH AN ATTORNEY AT ANY TIME;
22	(f) WITHIN FORTY-EIGHT HOURS AFTER THE RESPONDENT'S
23	REQUEST, TO SEE AND RECEIVE THE SERVICES OF A PATIENT
24	REPRESENTATIVE, INCLUDING A PEER SPECIALIST, WHO HAS NO DIRECT OR
25	INDIRECT CLINICAL, ADMINISTRATIVE, OR FINANCIAL RESPONSIBILITY FOR
26	THE RESPONDENT;
27	(g) TO HAVE THE RESPONDENT'S BEHAVIORAL HEALTH ORDERS FOR

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2	AND CONCIDEDED BY THE COLIDY AS THE DEFENDED THE ATMENT OFFICIAL
	AND CONSIDERED BY THE COURT AS THE PREFERRED TREATMENT OPTION
3	FOR INVOLUNTARY ADMINISTRATION OF MEDICATIONS UNLESS, BY CLEAR
4	AND CONVINCING EVIDENCE, THE RESPONDENT'S DIRECTIVE DOES NOT
5	QUALIFY AS EFFECTIVE PARTICIPATION IN BEHAVIORAL HEALTH
6	DECISION-MAKING;
7	(h) To have the respondent's information and records
8	DISCLOSED TO ADULT FAMILY MEMBERS AND A LAY PERSON PURSUANT TO
9	SECTION 27-65-123;
10	(i) TO HAVE ACCESS TO A REPRESENTATIVE WITHIN THE FACILITY
11	WHO PROVIDES ASSISTANCE TO FILE A GRIEVANCE; AND
12	(j) TO HAVE THE RIGHT TO FILE A MOTION WITH THE COURT AT ANY
13	TIME TO CONTEST THE CERTIFICATION.
14	27-65-112. [Formerly 27-65-110] Termination of short-term
	· · · · · · · · · · · · · · · · · · ·
15	and long-term treatment - escape. (1) An original OR EXTENDED
	and long-term treatment - escape. (1) An original OR EXTENDED certification for short-term treatment under section 27-65-107, or an
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15 16	certification for short-term treatment under section 27-65-107, or an
15 16 17	certification for short-term treatment under section 27-65-107, or an extended certification under section 27-65-108 or an order for long-term
15 16 17 18	certification for short-term treatment under section 27-65-107, or an extended certification under section 27-65-108 or an order for long-term care and treatment or any extension thereof shall terminate TERMINATES
15 16 17 18	certification for short-term treatment under section 27-65-107, or an extended certification under section 27-65-108 or an order for long-term care and treatment or any extension thereof shall terminate TERMINATES as soon as, in the opinion of the professional person in charge of
15 16 17 18 19 20	certification for short-term treatment under section 27-65-107, or an extended certification under section 27-65-108 or an order for long-term care and treatment or any extension thereof shall terminate TERMINATES as soon as, in the opinion of the professional person in charge of treatment of the respondent, the respondent has received sufficient benefit
15 16 17 18 19 20 21	certification for short-term treatment under section 27-65-107, or an extended certification under section 27-65-108 or an order for long-term care and treatment or any extension thereof shall terminate TERMINATES as soon as, in the opinion of the professional person in charge of treatment of the respondent, the respondent has received sufficient benefit from such treatment for him or her THE RESPONDENT to leave. Whenever
15 16 17 18 19 20 21 22	certification for short-term treatment under section 27-65-107, or an extended certification under section 27-65-108 or an order for long-term care and treatment or any extension thereof shall terminate TERMINATES as soon as, in the opinion of the professional person in charge of treatment of the respondent, the respondent has received sufficient benefit from such treatment for him or her THE RESPONDENT to leave. Whenever a certification or extended certification is terminated under PURSUANT TO
15 16 17 18 19 20 21 22 23	certification for short-term treatment under section 27-65-107, or an extended certification under section 27-65-108 or an order for long-term care and treatment or any extension thereof shall terminate TERMINATES as soon as, in the opinion of the professional person in charge of treatment of the respondent, the respondent has received sufficient benefit from such treatment for him or her THE RESPONDENT to leave. Whenever a certification or extended certification is terminated under PURSUANT TO this section, the professional person in charge of providing treatment shall
15 16 17 18 19 20 21 22 23 24	certification for short-term treatment under section 27-65-107, or an extended certification under section 27-65-108 or an order for long-term care and treatment or any extension thereof shall terminate TERMINATES as soon as, in the opinion of the professional person in charge of treatment of the respondent, the respondent has received sufficient benefit from such treatment for him or her THE RESPONDENT to leave. Whenever a certification or extended certification is terminated under PURSUANT TO this section, the professional person in charge of providing treatment shall so notify the court in writing within five days of AFTER such termination.

SCOPE OF TREATMENT OR PSYCHIATRIC ADVANCE DIRECTIVE REVIEWED

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2 superintendent or director of such THE facility without order of court. 3 After termination, a respondent may be returned to the institution 4 FACILITY only in accordance with the provisions of this article ARTICLE 5 65. 6 27-65-113. [Formerly 27-65-111] Hearing procedures -7 **jurisdiction.** (1) Hearings before the court pursuant to section 8 27-65-107, 27-65-108, or 27-65-109 SECTION 27-65-109 OR 27-65-110 are 9 conducted in the same manner as other civil proceedings before the court. 10 The burden of proof is on the person or facility seeking to detain the 11 respondent. The court or jury shall determine that the respondent is in 12 need of care and treatment only if the court or jury finds by clear and 13 convincing evidence that the person RESPONDENT has a mental health 14 disorder and, as a result of the mental health disorder, is a danger to 15 others or to himself or herself THE RESPONDENT'S SELF OR OTHERS or is 16 gravely disabled. 17 (2) The court, after consultation with respondent's counsel to 18 obtain counsel's recommendations, may appoint a professional person to 19 examine the respondent for whom short-term treatment or long-term care 20 and treatment is sought and to testify at the hearing before the court as to 21 the results of his or her THE PROFESSIONAL PERSON'S examination. The 22 court-appointed professional person shall act solely in an advisory

the facility by order of the court without a hearing or by the

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(3) Every respondent subject to an order for short-term treatment or long-term care and treatment shall MUST be advised of his or her THE RESPONDENT'S right to appeal the order by the court at the conclusion of

capacity, and no presumption shall attach to his or her IS ATTACHED TO

THE PROFESSIONAL PERSON'S findings.

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any hearing AND, as a result, of which such an THE order may be entered.

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(4) The court in which the petition is filed under section 27-65-106 or the certification is filed under section 27-65-107 shall be PURSUANT TO SECTION 27-65-109 Is the court of original jurisdiction and of continuing jurisdiction for any further proceedings under this article PURSUANT TO THIS ARTICLE 65. When the convenience of the parties and the ends of justice would be promoted by a change in the court having jurisdiction, the court may order a transfer of the proceeding to another county. Until further order of the transferee court, if any, it shall be IS the court of continuing jurisdiction.

(5) (a) In the event that a respondent or a person found not guilty by reason of impaired mental condition pursuant to section 16-8-103.5 (5), C.R.S., or by reason of insanity pursuant to section 16-8-105 (4) or 16-8-105.5, C.R.S., refuses to accept medication, the court having jurisdiction of the action pursuant to subsection (4) of this section, the court committing the person or defendant to the custody of the department BHA pursuant to section 16-8-103.5 (5), 16-8-105 (4), or 16-8-105.5, C.R.S., or the court of the jurisdiction in which the designated facility treating the respondent or person is located shall have HAS jurisdiction and venue to accept a petition by a treating physician and to enter an order requiring that the respondent or person accept such treatment or, in the alternative, that the medication be forcibly administered to him or her THE RESPONDENT OR PERSON. The court of the jurisdiction in which the designated facility is located shall not exercise its jurisdiction without the permission of the court that committed the person to the custody of the department BHA. Upon the filing of such a petition, the court shall appoint an attorney, if one has not been appointed, to represent the

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respondent or person and hear the matter within ten days.

- (b) In any case brought under paragraph (a) of this subsection (5) PURSUANT TO SUBSECTION (5)(a) OF THIS SECTION in a court for the county in which the treating facility is located, the county where the proceeding was initiated pursuant to subsection (4) of this section or the court committing the person to the custody of the department BHA pursuant to section 16-8-103.5 (5), 16-8-105 (4), or 16-8-105.5, C.R.S., shall either reimburse the county in which the proceeding pursuant to this subsection (5) was filed and in which the proceeding was held for the reasonable costs incurred in conducting the proceeding or conduct the proceeding itself using its own personnel and resources, including its own district or county attorney, as the case may be.
- (c) In the case of a defendant who is found incompetent to proceed pursuant to section 16-8.5-103 C.R.S., and who refuses to accept medication, the jurisdiction for the petition for involuntary treatment procedures shall be IS as set forth in section 16-8.5-112. C.R.S.
- (6) All ADVERSARIAL proceedings under this article PURSUANT TO THIS ARTICLE 65, including proceedings to impose a legal disability pursuant to section 27-65-127, shall MUST be conducted by the district attorney of the county where the proceeding is held or by a qualified attorney acting for the district attorney appointed by the district court for that purpose; except that, in any county or in any city and county having a population exceeding fifty thousand persons, the proceedings shall MUST be conducted by the county attorney or by a qualified attorney acting for the county attorney appointed by the district court. In any case in which there has been a change of venue to a county other than the county of residence of the respondent or the county in which the

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certification proceeding was commenced, the county from which the proceeding was transferred shall either reimburse the county to which the proceeding was transferred and in which the proceeding was held for the reasonable costs incurred in conducting the proceeding or conduct the proceeding itself using its own personnel and resources, including its own district or county attorney, as the case may be.

- (7) Upon request of a LEGAL guardian appointed pursuant to article 14 of title 15, C.R.S., the LEGAL guardian may intervene in any proceeding under this article BROUGHT PURSUANT TO THIS ARTICLE 65 concerning his or her THE LEGAL GUARDIAN'S ward and, through counsel, may present evidence and represent to the court the views of the LEGAL guardian concerning the appropriate disposition of the case.
- (8) A LAY PERSON MAY SUBMIT AN AFFIDAVIT TO THE COURT CONCERNING THE LAY PERSON'S RELATIONSHIP TO THE RESPONDENT, HOW LONG THE LAY PERSON HAS KNOWN THE RESPONDENT, THE LAY PERSON'S PHYSICAL ADDRESS, AND THE LAY PERSON'S VIEWS CONCERNING THE APPROPRIATE DISPOSITION OF THE RESPONDENT'S CASE.
- 27-65-114. [Formerly 27-65-112] Appeals. Appellate review of any order of short-term treatment or long-term care and treatment may be had as provided in the Colorado appellate rules. Such AN appeal shall MUST be advanced upon the calendar of the appellate court and shall MUST be decided at the earliest practicable time. Pending disposition by the appellate court, it THE COURT may make such order as it THE COURT may consider proper in the premises relating to the care and custody of the respondent.
- **27-65-115.** [Formerly 27-65-113] Habeas corpus. Any person detained pursuant to this article shall be ARTICLE 65 IS entitled to an order

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in the nature of habeas corpus upon proper petition to any court generally empowered to issue orders in the nature of habeas corpus.

27-65-116. [Formerly 27-65-114] Restoration of rights. Any person who, by reason of a judicial decree entered by a court of this state prior to July 1, 1975, is adjudicated as a person with a mental illness shall be IS deemed to have been restored to legal capacity and competency.

27-65-117. [Formerly 27-65-115] Discrimination - definition.

No person who has received AN evaluation or treatment under any provisions of this article shall be PURSUANT TO THIS ARTICLE 65 MAY BE discriminated against because of such status FOR RECEIVING AN EVALUATION OR TREATMENT. For purposes of this section, "discrimination" means giving any undue weight to the fact of hospitalization or outpatient care and treatment unrelated to a person's present capacity to meet standards applicable to all persons. Any person who suffers injury by reason of a violation of this section shall have HAS a civil cause of action.

27-65-118. [Formerly 27-65-116] Right to treatment - rules. (1) (a) Any person receiving AN evaluation or treatment under any of the provisions of this article PURSUANT TO THIS ARTICLE 65 is entitled to medical and psychiatric care and treatment, with regard to services listed in section 27-66-101 and services listed in rules authorized by section 27-66-102, suited to meet his or her THE PERSON's individual needs, delivered in such a way as to keep him or her THE PERSON in the least restrictive environment, and delivered in such a way as to include the opportunity for participation of family members in his or her THE PERSON's program of care and treatment, when appropriate. all subject to available appropriations. Nothing in this paragraph (a) shall create

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SUBSECTION (1)(a) CREATES any right with respect to any person other
than the person receiving AN evaluation, care, or treatment. The
professional person and the agency or facility providing AN evaluation,
care, or treatment shall keep records detailing all care and treatment
received by such THE person, and such THE records shall MUST be made
available, upon that THE person's written authorization, to his or her THE
PERSON'S attorney or his or her THE PERSON'S personal physician. Such
THE records shall be ARE permanent records and MUST BE retained in
accordance with the provisions of section 27-65-121 (4) SECTION
27-65-123 (4).
(1.) A

- (b) Any person receiving AN evaluation or treatment under any of the provisions of this article is entitled to PURSUANT TO THIS ARTICLE 65 MAY petition the court pursuant to the provisions of section 13-45-102, C.R.S., subject to available appropriations, for release to a less restrictive setting within or without a treating facility or release from a treating facility when adequate medical and psychiatric care and treatment is ARE not administered.
- (2) The department BHA shall adopt regulations PROMULGATE RULES to assure that each agency or facility providing AN evaluation, care, or treatment shall require REQUIRES the following:
- (a) Consent for specific therapies and major medical treatment in the nature of surgery. The nature of the consent, by whom it is given, and under what conditions, shall be IS determined by rules of the department BHA.
- (b) The order of a physician for any treatment or specific therapy based on appropriate medical examinations;
- (c) Notation in the patient's treatment record of periodic

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1	examinations, evaluations, orders for treatment, and specific therapies
2	signed by personnel involved;
3	(d) Conduct according to the guidelines contained in the
4	regulations of the federal government and the department RULES OF THE
5	BHA with regard to clinical investigations, research, experimentation
6	and testing of any kind; and
7	(e) Documentation of the findings, conclusions, and decisions in
8	any administrative review of a decision to release or withhold the
9	information requested by a family member OR LAY PERSON pursuant to
10	section 27-65-121 (1)(g) or (1)(h) SECTION 27-65-123 (1)(g) OR (1)(h) and
11	documentation of any information given to a family member OR LAY
12	PERSON.
13	27-65-119. [Formerly 27-65-117] Rights of persons receiving
14	care or treatment. (1) Each person receiving evaluation, care, or
15	treatment under PURSUANT TO any provision of this article ARTICLE 65 has
16	the following rights and shall be advised of such rights by the facility:
17	(a) To receive and send sealed correspondence. No incoming or
18	outgoing correspondence shall be opened, delayed, held, or censored by
19	the personnel of the facility.
20	(b) To have access to letter-writing materials, including postage
21	and to have staff members of the facility assist him or her THE PERSON if
22	THE PERSON IS unable to write, prepare, and mail correspondence;
23	(c) To have ready access to telephones, both to make and to
24	receive calls in privacy;
25	(d) To have frequent and convenient opportunities to meet with
26	visitors. Each person may see his or her THE PERSON'S attorney.
27	clergyman, CLERGYPERSON, or physician at any time.

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(e) To wear his or her THE PERSON'S own clothes, keep and use his or her THE PERSON'S own personal possessions, and keep and be allowed to spend a reasonable sum of his or her THE PERSON'S own money.

- (2) A person's rights under subsection (1) of this section may be denied for good cause only by the professional person providing treatment. Denial of any right shall MUST in all cases be entered into the person's treatment record. Information pertaining to a denial of rights contained in the person's treatment record shall MUST be made available, upon request, to the person, or his or her THE PERSON'S attorney.
- (3) No person admitted to or in a facility shall be fingerprinted unless required by other provisions of law.
- (4) A person may be photographed upon admission for identification and the administrative purposes of the facility. The photographs shall be ARE confidential and shall MUST not be released by the facility except pursuant to court order. No other nonmedical photographs shall MAY be taken or used without appropriate consent or authorization.
- (5) Any person receiving evaluation or treatment under PURSUANT TO any of the provisions of this article ARTICLE 65 is entitled to a written copy of all his or her THE PERSON'S rights enumerated in this section, and a minor child shall receive written notice of his or her THE MINOR'S rights as provided in section 27-65-103 (7)(g) SECTION 27-65-104 (6)(g). A list of such rights shall MUST be prominently posted in all evaluation and treatment facilities.
- 27-65-120. [Formerly 27-65-118] Administration or monitoring of medications to persons receiving treatment. The executive director COMMISSIONER has the power to direct the administration or monitoring

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I	of medications in conformity with part 3 of article 1.5 of title 25 C.R.S.,
2	to persons receiving treatment in facilities created DESIGNATED pursuant
3	to this article ARTICLE 65.
4	27-65-121. [Formerly 27-65-119] Employment of persons in a
5	facility - rules. The department BHA shall adopt rules governing the
6	employment and compensation therefor of FOR THE ADMINISTRATION OF
7	CARE OR TREATMENT TO persons receiving care or treatment under any
8	provision of this article PURSUANT TO THIS ARTICLE 65. The department
9	BHA shall establish standards for reasonable compensation for such
10	employment.
11	27-65-122. [Formerly 27-65-120] Voting in public elections.
12	Any person receiving evaluation, care, or treatment under PURSUANT TO
13	this article shall ARTICLE 65 MUST be given the opportunity to exercise his
14	or her THE PERSON'S right to register and to vote in primary and general
15	elections. The agency or facility providing evaluation, care, or treatment
16	shall assist such persons THE PERSON, upon their THE PERSON'S request,
17	to obtain voter registration forms and mail ballots and to comply with any
18	other prerequisite for voting.
19	27-65-123. [Formerly 27-65-121] Records. (1) Except as
20	provided in subsection (2) of this section, all information obtained and
21	records prepared in the course of providing any services pursuant to this
22	article 65 to individuals ANY PERSON pursuant to any provision of this
23	article 65 are confidential and privileged matter. The information and
24	records may be disclosed only:
25	(a) In communications between qualified professional personnel
26	in the provision of services or appropriate referrals;
27	(b) When the recipient of services designates persons to whom

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information or records may be released; but, if a recipient of services is a ward or conservatee and his or her THE WARD'S OR CONSERVATEE'S guardian or conservator designates, in writing, persons to whom records or information may be disclosed, the designation shall be IS valid in lieu of the designation by the recipient; except that nothing in this section shall be construed to compel COMPELS a physician, psychologist, social worker, nurse, attorney, or other professional personnel to reveal information that has been given to him or her THE PERSON in confidence by members of a patient's family or other informants;

- (c) To the extent necessary to make claims on behalf of a recipient of aid, insurance, or medical assistance to which he or she THE RECIPIENT may be entitled;
- (d) If the department BHA has promulgated rules for the conduct of research. Such rules shall MUST include, but ARE not be limited to, the requirement that all researchers must sign an oath of confidentiality. All identifying information concerning individual patients, including names, addresses, telephone numbers, and social security numbers, shall MUST not be disclosed for research purposes.
- (e) To the courts, as necessary to FOR the administration of the provisions of this article ARTICLE 65;
- (f) To persons authorized by an order of court after notice and opportunity for hearing to the person to whom the record or information pertains and the custodian of the record or information pursuant to the Colorado rules of civil procedure;
- (g) To adult family members upon admission of a person with a mental health disorder for inpatient or residential care and treatment. The only information that may be released pursuant to this subsection (1)(g)

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is the location and fact of admission of the person with a mental health disorder who is receiving care and treatment. The disclosure of location is governed by the procedures in section 27-65-122 SECTION 27-65-124 and is subject to review pursuant to section 27-65-122 SECTION 27-65-124.

- (h) To adult family members OR A LAY PERSON actively participating in the care and treatment of a person with a mental health disorder, regardless of the length of the participation. The information released pursuant to this subsection (1)(h) is limited to one or more of the following: The diagnosis, the prognosis, the need for hospitalization and anticipated length of stay, the discharge plan, the medication administered and side effects of the medication, and the short-term and long-term treatment goals. The disclosure is governed by the procedures in section 27-65-122 (2) SECTION 27-65-124 (2) and is subject to review pursuant to section 27-65-122 SECTION 27-65-124.
- (i) In accordance with state and federal law to the agency designated pursuant to the federal "Protection and Advocacy for Individuals with Mental Illness Act", 42 U.S.C. sec. 10801 et seq., as the governor's protection and advocacy system for Colorado.
- (2) Nothing in paragraph (g) or (h) of subsection (1) SUBSECTION (1)(g) OR (1)(h) of this section shall be deemed to preclude PRECLUDES the release of information to a parent concerning his or her THE PARENT'S minor child.
- (3) (a) Nothing in this article shall be construed as rendering ARTICLE 65 RENDERS privileged or confidential any information, except written medical records and information that is privileged under PURSUANT TO section 13-90-107, C.R.S., concerning observed behavior

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1	that constitutes a criminal offense committed upon the premises of any
2	facility providing services under this article PURSUANT TO THIS ARTICLE
3	65 or any criminal offense committed against any person while
4	performing or receiving services under this article PURSUANT TO THIS
5	ARTICLE 65.
6	(b) The provisions of Subsection (1) of this section shall DOES not
7	apply to physicians or psychologists eligible to testify concerning a
8	criminal defendant's mental condition pursuant to section 16-8-103.6.
9	C.R.S.
10	(4) (a) All facilities shall maintain and retain permanent records,
11	including all applications as required pursuant to section 27-65-105 (3)
12	SECTION 27-65-106 (3).
13	(b) Outpatient or ambulatory care facilities shall retain all records
14	for a minimum of seven years after discharge from the facility for persons
15	who were eighteen years of age or older when admitted to the facility, or
16	until twenty-five years of age for persons who were under eighteen years
17	of age when admitted to the facility.
18	(c) Inpatient or hospital care facilities shall retain all records for
19	a minimum of ten years after discharge from the facility for persons who
20	were eighteen years of age or older when admitted to the facility, or until
21	twenty-eight years of age for persons who were under eighteen years of
22	age when admitted to the facility.
23	(5) Nothing in this section shall be construed to prohibit or limit
24	PROHIBITS OR LIMITS the sharing of information by a state institution of
25	higher education police department to authorized university
26	administrators pursuant to section 23-5-141. C.R.S.
27	27-65-124. [Formerly 27-65-122] Request for release of

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information - procedures - review of a decision concerning release of **information.** (1) When a family member requests the location and fact of admission of a person with a mental health disorder pursuant to section $\frac{27-65-121}{(1)(g)}$ SECTION 27-65-123 (1)(g), the treating professional person or his or her THE PROFESSIONAL PERSON'S designee, who must be a professional person, shall decide whether to release or withhold such information. The location must be released unless the treating professional person or his or her THE PROFESSIONAL PERSON'S designee determines, after an interview with the person with a mental health disorder, that release of the information to a particular family member would not be in the best interests of the person with a mental health disorder. Any decision to withhold information requested pursuant to section 27-65-121 (1)(g) SECTION 27-65-123 (1)(g) is subject to administrative review pursuant to this section upon request of a family member or the person with a mental health disorder. The treating facility shall make a record of the information given to a family member pursuant to this subsection (1). For the purposes of this subsection (1), an adult person having a similar relationship to a person with a mental health disorder as a spouse, LAY PERSON, parent, child, or sibling of a person with a mental health disorder may also request the location and fact of admission concerning a person with a mental health disorder.

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(2) (a) When a family member requests information pursuant to section 27-65-121 (1)(h) SECTION 27-65-123 (1)(h) concerning a person with a mental health disorder, the treating professional person or his or her THE PROFESSIONAL PERSON'S designee, shall determine whether the person with a mental health disorder is capable of making a rational decision in weighing his or her THE PERSON'S confidentiality interests and

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1 the care and treatment interests implicated by the release of information.

2 The treating professional person or his or her THE PROFESSIONAL

3 PERSON'S designee shall then determine whether the person with a mental

health disorder consents or objects to the release of information.

Information must be released or withheld in the following circumstances:

- (I) If the treating professional person or his or her THE PROFESSIONAL PERSON'S designee makes a finding that the person with a mental health disorder is capable of making a rational decision concerning his or her THE PERSON'S interests and the person with a mental health disorder consents to the release of information, the treating professional person or his or her THE PROFESSIONAL PERSON'S designee shall order the release of the information unless he or she THE PROFESSIONAL PERSON OR THE PROFESSIONAL PERSON'S DESIGNEE determines that the release would not be in the best interests of the person with a mental health disorder.
- (II) If the treating professional person or his or her THE PROFESSIONAL PERSON'S designee makes a finding that the person with a mental health disorder is capable of making a rational decision concerning his or her THE PERSON'S interests and the person with a mental health disorder objects to the release of information, the treating professional person or his or her THE PROFESSIONAL PERSON'S designee shall not order the release of the information.
- (III) If the treating professional person or his or her THE PROFESSIONAL PERSON'S designee makes a finding that the person with a mental health disorder is not capable of making a rational decision concerning his or her THE PERSON'S interests, the treating professional person or his or her THE PROFESSIONAL PERSON'S designee may order the

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release of the information if he or she THE PROFESSIONAL PERSON OR THE PROFESSIONAL PERSON'S DESIGNEE determines that the release would be in the best interests of the person with a mental health disorder.

- (IV) Any determination as to capacity pursuant to this subsection (2)(a) must be used only for the limited purpose of this subsection (2)(a).
- (b) A decision by a treating professional person or his or her THE PROFESSIONAL PERSON'S designee concerning the capability of a person with a mental health disorder pursuant to subsection (2)(a)(III) of this section is subject to administrative review upon the request of the person with a mental health disorder. A decision by a treating professional person or his or her THE PROFESSIONAL PERSON'S designee to order the release or withholding of information pursuant to subsection (2)(a)(III) of this section is subject to administrative review upon the request of either a family member or the person with a mental health disorder.
- (c) The director of the treating facility shall make a record of any information given to a family member pursuant to subsection (2)(a) of this section and section 27-65-121 (1)(h) SECTION 27-65-123 (1)(h).
- (3) When administrative review is requested either pursuant to subsection (1) or subsection (2)(b) of this section, the director of the facility providing care and treatment to the person with a mental health disorder shall cause an objective and impartial review of the decision to withhold or release information. The director of the facility shall conduct the review, if he or she THE DIRECTOR is a professional person. If the director is not available or if the director cannot provide an objective and impartial review, the review shall MUST be conducted by a professional person designated by the director of the facility. The review must include, but need not be limited to, an interview with the person with a mental

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health disorder. The facility providing care and treatment shall document the review of the decision.

- (4) If a person with a mental health disorder objects to the release or withholding of information, the person with a mental health disorder and his or her THE PERSON'S attorney, if any, must be provided with information concerning the procedures for administrative review of a decision to release or withhold information. The person with a mental health disorder must be informed of any information proposed to be withheld or released and to whom and be given a reasonable opportunity to initiate the administrative review process before information concerning his or her THE PERSON'S care and treatment is released.
- (5) A family member whose request for information is denied shall MUST be provided with information concerning the procedures for administrative review of a decision to release or withhold information.
- (6) A person with a mental health disorder may file a written request for review by the court of a decision made upon administrative review to release information to a family member requested pursuant to section 27-65-121 (1)(h) SECTION 27-65-123 (1)(h) and proposed to be released pursuant to subsection (2) of this section. If judicial review is requested, the court shall hear the matter within ten days after the request, and the court shall give notice to the person with a mental health disorder and his or her THE PERSON'S attorney, the treating professional person, and the person who made the decision upon administrative review of the time and place of the hearing. The hearing must be conducted in the same manner as other civil proceedings before the court.
- (7) In order to allow a person with a mental health disorder an opportunity to seek judicial review, the treating facility or the treating

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shall not release information requested pursuant to section 27-65-121 (1)(h) SECTION 27-65-123 (1)(h) until five days after the determination upon administrative review of the director or his or her THE DIRECTOR'S designee is received by the person with a mental health disorder, and, once judicial review is requested, the treating facility or the treating professional person or his or her THE PROFESSIONAL PERSON'S designee shall not release information except by court order. However, if the person with a mental health disorder indicates an intention not to appeal a determination upon administrative review that is adverse to him or her THE PERSON concerning the release of information, the information may be released less than five days after the determination upon review is received by the person with a mental health disorder.

- (8) This section provides for the release of information only and shall not be IS NOT deemed to authorize the release of the written medical record without authorization by the patient or as otherwise provided by law.
- (9) For purposes of this section, the treating professional person's designee shall be a professional person.

27-65-125. [Formerly 27-65-123] Treatment in federal facilities. (1) If a person is certified under the provisions of this article PURSUANT TO THIS ARTICLE 65 and is eligible for hospital care or treatment by an agency of the United States, and if a certificate of notification from said THE agency showing that facilities are available and that the person is eligible for care or treatment therein, is received, the court may order him or her THE PERSON to be placed in the custody of the agency for hospitalization. When any person is admitted pursuant to an

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order of court to any hospital or institution operated by any agency of the United States within or without OUTSIDE this state, the person shall be IS subject to the rules and regulations of the agency. The chief officer of any hospital or institution operated by an agency and in which the person is so hospitalized shall, with respect to the person, be vested with the same powers as the chief officer of the Colorado mental health institute at Pueblo with respect to detention, custody, transfer, conditional release, or discharge of patients. Jurisdiction shall be IS retained in the appropriate courts of this state to inquire into the mental condition of persons A PERSON so hospitalized and to determine the necessity for continuance of their THE PERSON'S hospitalization.

(2) An order of a court of competent jurisdiction of another state, territory, or the District of Columbia authorizing hospitalization of a person to any agency of the United States shall have HAS the same effect as to said THE person while in this state as in the jurisdiction in which the court entering the order is situated; the courts of the state or district issuing the order shall be deemed to have retained RETAIN jurisdiction of the person so hospitalized for the purpose of inquiring into his or her THE PERSON'S mental condition and of FOR determining the necessity for continuance of his or her THE PERSON'S hospitalization. Consent is hereby given to the application of the law of the state or district in which the court issuing the order for hospitalization is located, with respect to the authority of the chief officer of any hospital or institution operated in this state by any agency of the United States to retain custody, to transfer, to conditionally release, or to discharge the person hospitalized.

27-65-126. [Formerly 27-65-124] Transfer of persons into and out of Colorado - reciprocal agreements. The transfer of persons A

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PERSON hospitalized voluntarily under the provisions of this article PURSUANT TO THIS ARTICLE 65 out of Colorado or under the laws of another jurisdiction into Colorado shall be ARE governed by the provisions of the interstate compact on mental health.

27-65-127. Imposition of legal disability - deprivation of legal right - restoration - repeal. (1) (a) When an interested person wishes to obtain a determination as to the imposition of a legal disability or the deprivation of a legal right for a person who has a mental health disorder and who is a danger to himself or herself or THE PERSON'S SELF OR others, is gravely disabled, or is insane, as defined in section 16-8-101, and who is not then subject to proceedings pursuant to this article 65 or part 3 or part 4 of article 14 of title 15, the interested person may petition the court for a specific finding as to the legal disability or deprivation of a legal right. Actions commenced pursuant to this subsection (1) may include but are not limited to actions to determine contractual rights and rights with regard to the operation of motor vehicles.

- (b) The petition shall MUST set forth the disability to be imposed or the legal right to be deprived and the reasons. therefor.
- (2) The court may impose a legal disability or may deprive a person RESPONDENT of a legal right only upon finding both of the following:
- (a) That the respondent is a person with a mental health disorder and is a danger to himself or herself THE RESPONDENT'S SELF or others, IS gravely disabled, or insane, as defined in section 16-8-101; AND
- (b) That the requested disability or deprivation is both necessary and desirable.
- (3) (a) BEGINNING JANUARY 1, 2023, THE BHA SHALL PROVIDE

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PERIODIC UPDATES TO THE ADVISORY BOARD RELATED TO THE IMPLEMENTATION OF HOUSE BILL 22-1256, INCLUDING UPDATES REGARDING WHETHER THE BHA WILL HAVE THE CAPABILITY AND CAPACITY TO ASSIST EMERGENCY MEDICAL SERVICES FACILITIES THAT TREAT A PERSON UNDER AN EMERGENCY MENTAL HEALTH HOLD FIND APPROPRIATE PLACEMENT, WHEN INDICATED, FOR THE PERSON AT AN INPATIENT OR OUTPATIENT MENTAL HEALTH FACILITY OR FACILITY DESIGNATED BY THE COMMISSIONER.

- (b) This subsection (3) is repealed, effective July 1, 2025.
- (4) To have a legal disability removed or a legal right restored, any interested person may file a petition with the court which THAT made the original finding. No legal disability shall MAY be imposed nor a legal right be deprived for a period of more than six months without a review hearing by the court at the end of six months, at which TIME the findings specified in subsection (2) of this section shall MUST be reaffirmed to justify continuance of the disability or deprivation. A copy of the petition shall MUST be served on the person who filed the original petition, on the person whose rights are affected if he or she THE PERSON is not the petitioner, and upon the facility where the person whose rights are affected resides, if any.
- (5) Whenever any proceedings are instituted or conducted pursuant to this section, the following procedures shall apply:
- (a) Upon the filing of a petition, the court shall appoint an attorney-at-law ATTORNEY to represent the respondent. The respondent may replace said THE attorney with an attorney of the respondent's own selection CHOOSING at any time. Attorney fees for an indigent respondent shall be ARE paid by the court.

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(b) The court, upon request of an indigent respondent or his or her THE RESPONDENT'S attorney, shall appoint, at the court's expense, one or more professional persons of the respondent's selection CHOOSING to assist the respondent in the preparation of his or her THE RESPONDENT'S case.

- (c) Upon demand made at least five days prior to the date of hearing, the respondent shall have HAS the right to a trial of all issues by a jury of six.
- (d) At all times the burden shall be IS upon the person seeking imposition of a disability or deprivation of a legal right or opposing removal of a disability or deprivation to prove all essential elements by clear and convincing evidence.
- (e) Pending a hearing, the court may issue an order temporarily imposing a disability or depriving the respondent of a legal right for a period of not more than ten days in conformity with the standards for issuance of ex parte temporary restraining orders in civil cases, but no individual habilitation or rehabilitation plan shall be IS required prior to the issuance of such THE order.
- (f) Except as otherwise provided in this subsection (5), all proceedings shall MUST be held in conformance with the Colorado rules of civil procedure, but no costs shall MAY be assessed against the respondent.
- (5) Any person who, by reason of a judicial decree or order entered by a court of this state prior to July 1, 1979, is under the imposition of a legal disability or has been deprived of a legal right pursuant to this section as it existed prior to July 1, 1979, shall be released from such decree or order on December 31, 1979.

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1	27-65-128. Administration - rules. The department BHA shall
2	make such PROMULGATE ANY rules as will AND DEVELOP AND DISTRIBUTE
3	ANY APPLICATIONS OR FORMS NECESSARY TO consistently enforce the
4	provisions of this article ARTICLE 65. THE BHA SHALL PROACTIVELY
5	TRAIN PROVIDERS, FACILITIES, COUNTIES, JUDGES, MAGISTRATES,
6	INTERVENING PROFESSIONALS, AND CERTIFIED PEACE OFFICERS ON THE
7	PROCEDURES UNDER THIS ARTICLE 65, WHICH TRAINING MUST INCLUDE AN
8	UNDERSTANDING OF THE CRITERIA FOR INVOKING AN EMERGENCY MENTAL
9	HEALTH HOLD PURSUANT TO SECTION 27-65-106, THE DEFINITION OF
10	"GRAVELY DISABLED" AND HOW A PERSON WHO IS GRAVELY DISABLED
11	MAY PRESENT PHYSICALLY AND PSYCHIATRICALLY, AND SUGGESTED
12	TEMPLATES AND RESOURCES TO BE USED BY FACILITIES TO MEET THE
13	REQUIREMENTS OF SECTION 27-65-106 (8)(a)(III) AND (8)(a)(VII).
14	27-65-129. Payment for counsel. In order to provide legal
15	representation to persons eligible therefor as provided in FOR AN
16	ATTORNEY PURSUANT TO this article ARTICLE 65, the judicial department
17	is authorized to SHALL pay, out of appropriations made therefor MONEY
18	APPROPRIATED by the general assembly, sums directly to THE appointed
19	counsel ATTORNEY on a case-by-case basis or, on behalf of the state, to
20	make SHALL PAY lump-sum grants to and contract with individual
21	attorneys, legal partnerships, legal professional corporations, public
22	interest law firms, or nonprofit legal services corporations.
23	27-65-130. Advisory board - created - service standards and
24	rules. (1) [Formerly 27-65-131] (a) An advisory board, referred to IN
25	THIS SECTION as the "board", in this section, to the department is
26	established for the purpose of assisting and advising the executive
27	director COMMISSIONER in accordance with section 27-65-130

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1	SUBSECTION (2) OF THIS SECTION in the development of service standards
2	and rules. The board consists of not less NO FEWER than eleven nor BUT
3	NOT more than fifteen members appointed by the governor, AS FOLLOWS:
4	(I) The board includes One representative each from the office of
5	behavioral health; the department of human services;
6	(II) ONE REPRESENTATIVE FROM THE BHA;
7	(III) ONE REPRESENTATIVE FROM the department of public health
8	and environment;
9	(IV) ONE REPRESENTATIVE FROM the university of Colorado
10	health sciences center; and
11	(V) ONE REPRESENTATIVE FROM a leading professional association
12	of psychiatrists in this state; at least
13	(VI) One member representing proprietary skilled health-care
14	facilities;
15	(VII) One member representing nonprofit health-care facilities;
16	(VIII) One member representing the Colorado bar association;
17	(IX) One member representing consumers of services for persons
18	with mental health disorders;
19	(X) One member representing families of persons with mental
20	health disorders;
21	(XI) One member representing children's health-care facilities;
22	and
23	(XII) Other persons from both the private and the public sectors
24	who are recognized or known to be interested and informed in the area of
25	the board's purpose and function.
26	(b) In making appointments to the board, the governor is
27	encouraged to include representation by at least one member who is a

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person with a disability, as defined in section 24-34-301 (2.5), a family member of a person with a disability, or a member of an advocacy group for persons with disabilities, provided that the other requirements of this section are met.

- (2) [Formerly 27-65-130] The advisory board created by section 27-65-131 is responsible for recommending standards and rules relevant to the provisions of this article 65 for the programs of mental health services to those patients in any health-care facility that has either separate facilities for the care, treatment, and rehabilitation of persons with mental health disorders or those health-care facilities that have as their THE HEALTH-CARE FACILITY'S only purpose the care and treatment of such persons.
- 27-65-131. Data report. (1) Beginning January 1, 2025, and each January 1 thereafter, the BHA shall annually submit a report to the general assembly on the outcomes and effectiveness of the involuntary commitment system described in this article 65, disaggregated by region, including any recommendations to improve the system and outcomes for persons involuntary committed or certified pursuant to this article 65. The report must include aggregated and disaggregated nonidentifying individual-level data. At a minimum, the report must include:
- (a) THE NUMBER OF SEVENTY-TWO-HOUR EMERGENCY MENTAL HEALTH HOLDS THAT OCCURRED IN THE STATE AND THE NUMBER OF PEOPLE PLACED ON A SEVENTY-TWO-HOUR EMERGENCY MENTAL HEALTH HOLD, INCLUDING:
- 27 (I) A SUMMARY OF THE REASON EACH PERSON WAS PLACED ON AN

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1	EMERGENCY MENTAL HEALTH HOLD;
2	(II) DEMOGRAPHIC INFORMATION OF EACH PERSON PLACED ON AN
3	EMERGENCY MENTAL HEALTH HOLD;
4	(III) DISPOSITION OF EACH PERSON PLACED ON AN EMERGENCY
5	MENTAL HEALTH HOLD;
6	(IV) HOW OFTEN A FACILITY WAS REQUIRED TO ASK FOR
7	ASSISTANCE FROM THE BHA TO FIND PLACEMENT FOR THE PERSON
8	PURSUANT TO SECTION 27-65-106 AND IF PLACEMENT WAS FOUND, THE
9	AVERAGE LENGTH OF TIME A PERSON HAD TO WAIT FOR THE PLACEMENT
10	AND THE CHALLENGES ENCOUNTERED IN FINDING A PLACEMENT;
11	(V) HOW MANY SUBSEQUENT EMERGENCY MENTAL HEALTH HOLDS
12	WERE PLACED PURSUANT TO SECTION 27-65-106 DUE TO A LACK OF
13	APPROPRIATE PLACEMENT OPTIONS; AND
14	(VI) HOW EACH EMERGENCY MENTAL HEALTH HOLD ORIGINATED,
15	WHETHER BY A CERTIFIED PEACE OFFICER; INTERVENING PROFESSIONAL,
16	INCLUDING SPECIFIC PROFESSIONAL TYPE; OR A COURT ORDER;
17	(b) THE NUMBER AND CHARACTERISTICS OF EACH CERTIFICATION
18	FOR SHORT-TERM TREATMENT, INCLUDING AN EXTENSION OF SHORT-TERM
19	TREATMENT, AND LONG-TERM CARE AND TREATMENT THAT OCCURRED IN
20	THE STATE, INCLUDING:
21	(I) THE NUMBER OF INPATIENT VERSUS OUTPATIENT
22	CERTIFICATIONS;
23	(II) THE REASON FOR INITIATING EACH CERTIFICATION;
24	(III) THE NUMBER OF CERTIFICATIONS INITIATED BY A COURT
25	ORDER, PROFESSIONAL PERSON, OR CERTIFIED PEACE OFFICER;
26	(IV) THE AVERAGE LENGTH OF EACH CERTIFICATION;
27	(V) THE DEMOGRAPHICS OF EACH INDIVIDUAL ON A CERTIFICATION

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1	FOR SHORT-TERM TREATMENT;
2	(VI) THE SERVICES PROVIDED;
3	(VII) THE SERVICES NEEDED THAT WERE NOT AVAILABLE; AND
4	(VIII) ANY IDENTIFIED BARRIERS PREVENTING THE PROVISION OF
5	NEEDED SERVICES;
6	(c) THE OUTCOME OF EACH CERTIFICATION FOR SHORT-TERM
7	TREATMENT AND CERTIFICATION FOR LONG-TERM CARE AND TREATMENT;
8	(d) THE REASON EACH CERTIFICATION WAS DISCONTINUED,
9	DISAGGREGATED BY THOSE SUCCESSFULLY DISCHARGED, VOLUNTARILY
10	DISCHARGED, TRANSFERRED, NOT LOCATED, WITH TREATMENT
11	COMPLIANCE CONCERNS, UNABLE TO TRANSFER TO ANOTHER FACILITY OR
12	PROVIDER, FOR LACK OF PAYMENT TO TREATMENT PROVIDERS, AND FOR
13	ANY OTHER REASONS;
14	(e) The Person's housing and employment status when
15	CERTIFICATION WAS DISCONTINUED;
16	(f) What services were provided versus what services
17	WERE MOST FREQUENTLY NEEDED BY PEOPLE CERTIFIED ON AN
18	OUTPATIENT BASIS;
19	(g) Barriers and opportunities with local providers, the
20	JUDICIAL BRANCH, AND LAW ENFORCEMENT; AND
21	(h) How many individuals were placed in the custody of
22	THE \overline{BHA} ON A CERTIFICATION FOR SHORT-TERM TREATMENT WHO WERE
23	CONCURRENTLY INVOLVED IN THE CRIMINAL JUSTICE SYSTEM, INCLUDING
24	THE OUTCOMES OF EACH PERSON AND ANY BARRIERS AND OPPORTUNITIES
25	THAT MAY EXIST TO BETTER SERVE THE POPULATION.
26	SECTION 2. In Colorado Revised Statutes, amend as added by
27	House Bill 22-1256 27-65-106 as follows:

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1	27-65-106. Emergency mental health hold - screening -
2	court-ordered evaluation - discharge instructions - respondent's
3	rights. (1) [Formerly 27-65-105 (1)] Emergency procedure AN
4	EMERGENCY MENTAL HEALTH HOLD may be invoked under one of the
5	following conditions:
6	(a) (I) When any A CERTIFIED PEACE OFFICER HAS PROBABLE
7	CAUSE TO BELIEVE A person appears to have HAS a mental health disorder
8	and, as a result of such THE mental health disorder, appears to be IS an
9	imminent danger to THE PERSON'S SELF OR others the person's self or
10	appears to be IS gravely disabled, THE CERTIFIED PEACE OFFICER MAY
11	TAKE THE PERSON INTO PROTECTIVE CUSTODY AND TRANSPORT THE
12	PERSON TO A FACILITY DESIGNATED BY THE COMMISSIONER FOR AN
13	EMERGENCY MENTAL HEALTH HOLD. IF SUCH A FACILITY IS NOT
14	AVAILABLE, THE CERTIFIED PEACE OFFICER MAY TRANSPORT THE PERSON
15	TO AN EMERGENCY MEDICAL SERVICES FACILITY. THE CERTIFIED PEACE
16	OFFICER MAY REQUEST ASSISTANCE FROM A BEHAVIORAL HEALTH CRISIS
17	RESPONSE TEAM FOR ASSISTANCE IN DETAINING AND TRANSPORTING THE
18	PERSON OR AN EMERGENCY MEDICAL SERVICES PROVIDER IN
19	TRANSPORTING THE PERSON; OR then an intervening professional, or
20	certified officer, upon probable cause and with such assistance as may be
21	required, may take the person into custody, or cause the person to be
22	taken into custody, and placed in a facility designated or approved by the
23	executive director for a seventy-two-hour treatment and evaluation. If
24	such a facility is not available, the person may be taken to an emergency
25	medical services facility.
26	
27	(b) Upon an affidavit sworn to or affirmed before a judge that

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relates sufficient facts to establish that a person appears to have a mental health disorder and, as a result of the mental health disorder, appears to be an imminent danger to others or to the person's self or appears to be gravely disabled, the court may order the person described in the affidavit to be taken into custody and placed in a facility designated or approved by the executive director for a seventy-two-hour treatment and evaluation. Whenever in this article 65 a facility is to be designated or approved by the executive director, hospitals, if available, must be approved or designated in each county before other facilities are approved or designated. Whenever in this article 65 a facility is to be designated or approved by the executive director as a facility for a stated purpose and the facility to be designated or approved is a private facility, the consent of the private facility to the enforcement of standards set by the executive director is a prerequisite to the designation or approval.

(II) WHEN AN INTERVENING PROFESSIONAL REASONABLY BELIEVES
THAT A PERSON APPEARS TO HAVE A MENTAL HEALTH DISORDER AND, AS
A RESULT OF THE MENTAL HEALTH DISORDER, APPEARS TO BE AN
IMMINENT DANGER TO THE PERSON'S SELF OR OTHERS OR APPEARS TO BE
GRAVELY DISABLED, THE INTERVENING PROFESSIONAL MAY CAUSE THE
PERSON TO BE TAKEN INTO PROTECTIVE CUSTODY AND TRANSPORTED TO
A FACILITY DESIGNATED BY THE COMMISSIONER FOR AN EMERGENCY
MENTAL HEALTH HOLD. IF SUCH A FACILITY IS NOT AVAILABLE, THE
CERTIFIED PEACE OFFICER MAY TRANSPORT THE PERSON TO AN
EMERGENCY MEDICAL SERVICES FACILITY. THE INTERVENING
PROFESSIONAL MAY REQUEST ASSISTANCE FROM A CERTIFIED PEACE
OFFICER, A SECURE TRANSPORTATION PROVIDER, OR A BEHAVIORAL

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HEALTH CRISIS RESPONSE TEAM FOR ASSISTANCE IN DETAINING AND TRANSPORTING THE PERSON, OR ASSISTANCE FROM AN EMERGENCY MEDICAL SERVICES PROVIDER IN TRANSPORTING THE PERSON.

- (d) (b) (I) Any individual may petition WHEN A PERSON PETITIONS the court in the county in which the respondent resides or is physically present REQUESTING AN EVALUATION OF THE RESPONDENT'S CONDITION AND alleging that there is a person who THE RESPONDENT appears to have a mental health disorder and, as a result of the mental health disorder, appears to be a danger to THE RESPONDENT'S SELF OR others or to the person's self or appears to be gravely disabled. and requesting an evaluation of the person's condition.
- (II) ANY PERSON WHO FILES A MALICIOUS OR FALSE PETITION FOR AN EVALUATION OF A RESPONDENT PURSUANT TO THIS SECTION IS SUBJECT TO CRIMINAL PROSECUTION.

(2) When a person is taken into custody pursuant to subsection (1) of this section, the person must not be detained in a jail, lockup, or other place used for the confinement of persons charged with or convicted of penal offenses. Unless otherwise required by Law, a certified Peace officer may transport the person to an emergency medical services facility or facility designated by the commissioner even if a warrant has been issued for the person's arrest if the certified peace officer believes it is in the best interest of the person. The person must not be held on an emergency mental health hold for longer than seventy-two hours after the hold is placed or ordered. Nothing in this section prohibits an emergency medical services facility from involuntarily holding the person in order to stabilize the person as required pursuant

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1	TO THE FEDERAL "EMERGENCY MEDICAL TREATMENT AND LABOR ACT",
2	42 U.S.C. SEC. 1395dd, OR IF THE TREATING PROFESSIONAL DETERMINES
3	THAT THE INDIVIDUAL'S PHYSICAL OR MENTAL HEALTH DISORDER IMPAIRS
4	THE PERSON'S ABILITY TO MAKE AN INFORMED DECISION TO REFUSE CARE
5	AND THE PROVIDER DETERMINES THAT FURTHER CARE IS INDICATED.
6	(3) When a person is taken into emergency custody by an
7	intervening professional or certified police officer PLACED ON AN
8	EMERGENCY MENTAL HEALTH HOLD pursuant to subsection (1) of this
9	section and is presented to an emergency medical services facility or a
10	facility that is designated or approved by the commissioner, the facility
11	shall require an A BHA-APPROVED application in writing, stating the
12	circumstances under which the person's condition was called to the
13	attention of the intervening professional or certified peace officer and
14	further stating sufficient facts, obtained from the intervening
15	professional's or certified peace officer's personal observations or
16	obtained from others whom the intervening professional or certified peace
17	officer reasonably believes to be reliable, to establish that the person has
18	a mental health disorder and, as a result of the mental health disorder, is
19	an imminent danger to THE PERSON'S SELF OR others or the person's self
20	is gravely disabled. or is in need of immediate evaluation for treatment.
21	The application must indicate when the person was taken into custody and
22	who brought the person's condition to the attention of the intervening
23	professional or certified peace officer. A copy of the application must be
24	furnished to the person being evaluated, and the application must be
25	retained in accordance with section 27-65-123 (4).
26	(4) (a) The petition for a court-ordered evaluation FILED
27	PURSUANT TO SUBSECTION (1)(b) OF THIS SECTION must contain the

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- (I) The name and address of the petitioner and the petitioner's interest in the case;
 - (II) The name of the person RESPONDENT for whom evaluation is sought, who is designated as the respondent, and, if known to the petitioner, the address, age, sex GENDER, marital status, and occupation, of the respondent, AND ANY ANIMALS OR DEPENDENT CHILDREN IN THE RESPONDENT'S CARE;
 - (III) Allegations of fact indicating that the respondent may have a mental health disorder and, as a result of the mental health disorder, be a danger to THE RESPONDENT'S SELF OR others the respondent's self or be gravely disabled and showing reasonable grounds to warrant an evaluation;
 - (IV) The name and address of every person known or believed by the petitioner to be legally responsible for the care, support, and maintenance of the respondent, if available; AND
 - (V) The name, address, and telephone number of the attorney, if any, who has most recently represented the respondent. If there is no attorney, there shall be a statement as to whether, to the best knowledge of the petitioner, the respondent meets the criteria established by the legal aid agency operating in the county or city and county for it to represent a client.
 - (b) Upon receipt of a petition satisfying the requirements of subsection (4)(a) of this section, IF THE COURT IS NOT SATISFIED THAT PROBABLE CAUSE EXISTS TO ISSUE AN ORDER FOR AN EVALUATION, the court shall designate IDENTIFY a facility approved DESIGNATED by the commissioner, an intervening professional, or A certified peace officer to

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provide screening of the respondent to determine whether there is probable cause EXISTS to believe the allegations.

- (c) Following THE screening DESCRIBED IN SUBSECTION (4)(b) OF THIS SECTION, the facility, intervening professional, or certified peace officer designated by the court shall file a report with the court AND MAY INITIATE AN EMERGENCY MENTAL HEALTH HOLD AT THE TIME OF SCREENING. The report must include a recommendation as to whether there is probable cause EXISTS to believe that the respondent has a mental health disorder and, as a result of the mental health disorder, is a danger to THE RESPONDENT'S SELF OR others the respondent's self or is gravely disabled and whether the respondent will voluntarily receive evaluation or treatment. The screening report submitted to the court pursuant to this subsection (4)(c) is confidential in accordance with section 27-65-123 and must be furnished to the respondent or the respondent's attorney or personal representative.
- (d) Whenever it appears, by petition and screening pursuant to this section, to the satisfaction of the court that probable cause exists to believe that the respondent has a mental health disorder and, as a result of the mental health disorder, is a danger to THE RESPONDENT'S SELF OR others the respondent's self or is gravely disabled and that efforts have been made to secure the cooperation of the respondent who BUT THE RESPONDENT has refused or failed to accept evaluation voluntarily, the court shall issue an order for evaluation authorizing a certified peace officer or secure transportation provider to take the respondent into custody and transport the respondent to a facility designated by the commissioner for seventy-two-hour treatment and evaluation AN EMERGENCY MENTAL HEALTH HOLD. At the time of taking the respondent

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IS TAKEN into custody, a copy of the petition and the order for evaluation must be given to the respondent and promptly thereafter to any THE one LAY person designated by the respondent and to the person in charge of the seventy-two-hour treatment and evaluation facility named in the order or the person's designee. If the respondent refuses to accept a copy of the Petition and the order for evaluation, such refusal must be documented in the Petition and the order for evaluation, such refusal must be documented in the Petition and the order for evaluation.

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(5) If the seventy-two-hour treatment and evaluation facility admits the person, it WHEN A PERSON IS TRANSPORTED TO AN EMERGENCY MEDICAL SERVICES FACILITY OR A FACILITY DESIGNATED BY THE COMMISSIONER, THE FACILITY may detain the person under an emergency mental health hold for evaluation and treatment for a period not to exceed seventy-two hours excluding Saturdays, Sundays, and holidays if evaluation and treatment services are not available on those days. For the purposes of this subsection (4), evaluation and treatment services are not deemed to be available merely because a professional person is on call during weekends or holidays FROM THE TIME THE EMERGENCY MENTAL HEALTH HOLD WAS PLACED OR ORDERED. NOTHING IN THIS SECTION PROHIBITS AN EMERGENCY MEDICAL SERVICES FACILITY FROM INVOLUNTARILY HOLDING THE PERSON IN ORDER TO STABILIZE THE PERSON AS REQUIRED PURSUANT TO THE FEDERAL "EMERGENCY MEDICAL TREATMENT AND LABOR ACT", 42 U.S.C. SEC. 1395dd, OR IF THE TREATING PROFESSIONAL DETERMINES THAT THE INDIVIDUAL'S PHYSICAL OR MENTAL HEALTH DISORDER IMPAIRS THE PERSON'S ABILITY TO MAKE AN INFORMED DECISION TO REFUSE CARE AND THE PROVIDER DETERMINES THAT FURTHER CARE IS INDICATED. If, in the opinion of the professional person in charge of the evaluation, the person can be properly cared for

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without being detained, the person shall be provided services on a voluntary basis. If the Person in Charge of the Evaluation determines the Person should be released, the Person in Charge of the Evaluation may terminate the emergency mental health hold.

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(6) (a) Each person admitted to a seventy-two-hour treatment and evaluation facility under the provisions of this article shall DETAINED FOR AN EMERGENCY MENTAL HEALTH HOLD PURSUANT TO THIS SECTION SHALL receive an evaluation as soon as possible after the person is admitted PRESENTED TO THE FACILITY and shall receive such treatment and care as the person's condition requires for the full period that the person is held. The person shall be released before seventy-two hours have elapsed if, in the opinion of the professional person in charge of the evaluation, the person no longer requires evaluation or treatment. Persons who have been detained for seventy-two-hour evaluation and treatment shall THE EVALUATION MAY INCLUDE AN ASSESSMENT TO DETERMINE IF THE PERSON CONTINUES TO MEET THE CRITERIA FOR AN EMERGENCY MENTAL HEALTH HOLD AND REQUIRES FURTHER MENTAL HEALTH CARE IN A FACILITY DESIGNATED BY THE COMMISSIONER. THE EVALUATION MUST STATE WHETHER THE PERSON SHOULD be released, referred for further care and treatment on a voluntary basis, or certified for SHORT-TERM treatment pursuant to section 27-65-109.

(b) EACH EVALUATION MUST BE COMPLETED USING A STANDARDIZED FORM APPROVED BY THE COMMISSIONER AND MAY BE COMPLETED BY A PROFESSIONAL PERSON; A LICENSED ADVANCED PRACTICE REGISTERED NURSE WITH TRAINING IN PSYCHIATRIC NURSING; OR A LICENSED PHYSICIAN ASSISTANT, A LICENSED CLINICAL SOCIAL

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1	WORKER, A LICENSED PROFESSIONAL COUNSELOR, OR A LICENSED
2	MARRIAGE AND FAMILY THERAPIST WHO HAS TWO YEARS OF EXPERIENCE
3	IN BEHAVIORAL HEALTH SAFETY AND RISK ASSESSMENT WORKING IN A
4	HEALTH-CARE SETTING.
5	(c) IF THE PERSON CONDUCTING AN EVALUATION PURSUANT TO
6	SUBSECTION (6)(a) OF THIS SECTION IS NOT A PROFESSIONAL PERSON AND
7	THE EVALUATING PERSON RECOMMENDS THE DETAINED PERSON BE
8	CERTIFIED FOR SHORT-TERM TREATMENT PURSUANT TO SECTION
9	27-65-109, THE EVALUATING PERSON SHALL NOTIFY THE FACILITY OF THE
10	RECOMMENDATION. A CERTIFICATION MAY ONLY BE INITIATED BY A
11	PROFESSIONAL PERSON.
12	(7) (a) If a person is evaluated at an emergency medical
13	SERVICES FACILITY AND THE EVALUATING PROFESSIONAL DETERMINES
14	THAT THE PERSON CONTINUES TO MEET THE CRITERIA FOR AN EMERGENCY
15	MENTAL HEALTH HOLD PURSUANT TO SUBSECTION (1) OF THIS SECTION,
16	THE EMERGENCY MEDICAL SERVICES FACILITY SHALL IMMEDIATELY
17	NOTIFY THE BHA IF THE FACILITY CANNOT LOCATE APPROPRIATE
18	PLACEMENT. ONCE NOTIFIED, THE BHA SHALL SUPPORT THE EMERGENCY
19	MEDICAL SERVICES FACILITY IN LOCATING AN APPROPRIATE PLACEMENT
20	OPTION ON AN INPATIENT OR OUTPATIENT BASIS, WHICHEVER IS
21	CLINICALLY APPROPRIATE.
22	(b) IF AN APPROPRIATE PLACEMENT OPTION CANNOT BE LOCATED
23	PURSUANT TO SUBSECTION (7)(a) OF THIS SECTION AND THE PERSON
24	CONTINUES TO MEET THE CRITERIA FOR AN EMERGENCY MENTAL HEALTH
25	HOLD PURSUANT TO SUBSECTION (1) OF THIS SECTION AND THE PERSON
26	HAS BEEN MEDICALLY STABILIZED, THE EMERGENCY MEDICAL SERVICES
27	FACILITY MAY PLACE THE PERSON UNDER A SUBSEQUENT EMERGENCY

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1	MENTAL HEALTH HOLD. IF THE FACILITY PLACES THE PERSON UNDER A
2	SUBSEQUENT EMERGENCY MENTAL HEALTH HOLD, THE FACILITY SHALL
3	IMMEDIATELY NOTIFY THE BHA, THE PERSON'S LAY PERSON, AND THE
4	COURT, AND THE COURT SHALL IMMEDIATELY APPOINT AN ATTORNEY TO
5	REPRESENT THE PERSON. THE FACILITY MAY NOTIFY THE COURT WHERE
6	THE PERSON RESIDES BY MAIL. ONCE THE COURT IS NOTIFIED, THE
7	EMERGENCY MEDICAL SERVICES FACILITY IS NOT REQUIRED TO TAKE ANY
8	FURTHER ACTION TO PROVIDE THE PERSON WITH AN ATTORNEY UNLESS
9	SPECIFIED IN SUBSECTION (10) OF THIS SECTION. THE EMERGENCY
10	MEDICAL SERVICES FACILITY SHALL NOTIFY THE BHA AFTER EACH
11	EMERGENCY MENTAL HEALTH HOLD IS PLACED. THE BHA IS RESPONSIBLE
12	FOR ACTIVELY ASSISTING THE FACILITY IN LOCATING APPROPRIATE
13	PLACEMENT FOR THE PERSON. IF THE PERSON HAS BEEN RECENTLY
14	TRANSFERRED FROM AN EMERGENCY MEDICAL SERVICES FACILITY TO A
15	FACILITY DESIGNATED BY THE COMMISSIONER AND THE DESIGNATED
16	FACILITY IS ABLE TO DEMONSTRATE THAT THE FACILITY IS UNABLE TO
17	COMPLETE THE EVALUATION BEFORE THE INITIAL EMERGENCY MENTAL
18	HEALTH HOLD IS SET TO EXPIRE, THE DESIGNATED FACILITY MAY PLACE
19	THE PERSON UNDER A SUBSEQUENT EMERGENCY MENTAL HEALTH HOLD
20	AND SHALL IMMEDIATELY NOTIFY THE BHA AND LAY PERSON.
21	(c) The BHA shall maintain data on the characteristics of
22	EACH PERSON PLACED ON A SUBSEQUENT EMERGENCY MENTAL HEALTH
23	HOLD PURSUANT TO SUBSECTION (7)(b) OF THIS SECTION. THE BHA MAY
24	CONTRACT WITH ENTITIES COORDINATING CARE OR WITH PROVIDERS
25	SERVING WITHIN THE SAFETY NET SYSTEM DEVELOPED PURSUANT TO
26	SECTION $27-63-105$ to meet the requirements of this subsection (7) .
27	(8) (a) THE FACILITY SHALL PROVIDE EACH PERSON DETAINED FOR

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1	AN EMERGENCY MENTAL HEALTH HOLD DISCHARGE INSTRUCTIONS. THE
2	DISCHARGE INSTRUCTIONS MUST BE COMPLETED FOR EVERY PERSON,
3	REGARDLESS OF THE PERSON'S DISCHARGE STATUS, BEFORE THE PERSON
4	IS RELEASED. IF THE DETAINED PERSON REFUSES TO ACCEPT THE
5	DISCHARGE INSTRUCTIONS, THE REFUSAL MUST BE DOCUMENTED IN THE
6	PERSON'S MEDICAL RECORD. AT A MINIMUM, THE DISCHARGE
7	INSTRUCTIONS MUST INCLUDE:
8	(I) A SUMMARY OF WHY THE PERSON WAS DETAINED OR
9	EVALUATED FOR AN EMERGENCY MENTAL HEALTH HOLD; DETAILED
10	INFORMATION AS TO WHY THE EVALUATING PROFESSIONAL DETERMINED
11	THE PERSON NO LONGER MEETS THE CRITERIA FOR AN EMERGENCY
12	MENTAL HEALTH HOLD OR CERTIFICATION PURSUANT TO SECTION
13	27-65-109; AND WHETHER THE PERSON MAY RECEIVE SERVICES ON A
14	VOLUNTARY BASIS PURSUANT TO SUBSECTION (6) OF THIS SECTION;
15	(II) IF THE PERSON'S MEDICATIONS WERE CHANGED OR THE PERSON
16	WAS NEWLY PRESCRIBED MEDICATIONS DURING THE EMERGENCY MENTAL
17	HEALTH HOLD, A CLINICALLY APPROPRIATE SUPPLY OF MEDICATIONS, AS
18	DETERMINED BY THE JUDGMENT OF A LICENSED HEALTH-CARE PROVIDER,
19	FOR THE PERSON UNTIL THE PERSON CAN ACCESS ANOTHER PROVIDER OR
20	FOLLOW-UP APPOINTMENT;
21	(III) A SAFETY PLAN FOR THE PERSON AND, IF APPLICABLE, THE
22	PERSON'S LAY PERSON WHERE INDICATED BY THE PERSON'S MENTAL
23	HEALTH DISORDER OR MENTAL OR EMOTIONAL STATE;
24	(IV) NOTIFICATION TO THE PERSON'S PRIMARY CARE PROVIDER, IF
25	APPLICABLE;
26	(V) A REFERRAL TO APPROPRIATE SERVICES, IF SUCH SERVICES
27	EXIST IN THE COMMUNITY, IF THE PERSON IS DISCHARGED WITHOUT FOOD,

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1	HOUSING, OR ECONOMIC SECURITY. ANY REFERRALS AND LINKAGES MUST
2	BE DOCUMENTED IN THE PERSON'S MEDICAL RECORD.
3	(VI) THE PHONE NUMBER TO CALL OR TEXT THE COLORADO CRISIS
4	SERVICES HOTLINE AND INFORMATION ON THE AVAILABILITY OF PEER
5	SUPPORT SERVICES;
6	(VII) INFORMATION ON HOW TO ESTABLISH A PSYCHIATRIC
7	ADVANCE DIRECTIVE IF ONE IS NOT PRESENTED;
8	(VIII) MEDICATIONS THAT WERE CHANGED DURING THE
9	EMERGENCY MENTAL HEALTH HOLD, INCLUDING ANY MEDICATIONS THAT
10	THE PERSON WAS TAKING OR THAT WERE PREVIOUSLY PRESCRIBED UPON
11	ADMISSION, AND WHICH MEDICATIONS, IF ANY, WERE CHANGED OR
12	DISCONTINUED AT THE TIME OF DISCHARGE;
13	(IX) A LIST OF ANY SCREENING OR DIAGNOSTIC TESTS CONDUCTED
14	DURING THE EMERGENCY MENTAL HEALTH HOLD, IF REQUESTED;
15	(X) A SUMMARY OF THERAPEUTIC TREATMENTS PROVIDED DURING
16	THE EMERGENCY MENTAL HEALTH HOLD, IF REQUESTED;
17	(XI) ANY LABORATORY WORK, INCLUDING BLOOD SAMPLES OR
18	IMAGING THAT WAS COMPLETED OR ATTEMPTED, IF REQUESTED;
19	(XII) THE PERSON'S VITAL SIGNS UPON DISCHARGE FROM THE
20	EMERGENCY MENTAL HEALTH HOLD, IF REQUESTED;
21	(XIII) A COPY OF ANY PSYCHIATRIC ADVANCE DIRECTIVE
22	PRESENTED TO THE FACILITY, IF APPLICABLE; AND
23	(XIV) How to contact the discharging facility if needed.
24	(b) THE FACILITY SHALL DOCUMENT IN THE PERSON'S MEDICAL
25	RECORD WHETHER THE PERSON ACCEPTED THE DISCHARGE INSTRUCTIONS.
26	THE FACILITY SHALL PROVIDE THE DISCHARGE INSTRUCTIONS TO THE
27	PERSON'S PARENT OR LEGAL GUARDIAN IF THE PERSON IS UNDER EIGHTEEN

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YEARS OF AGE, AND	TO THE PERSON	'S LAY PERSON.	, WHEN POSSIBLE.
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- 2 (c) Upon discharge, the facility shall discuss with the 3 PERSON, THE PERSON'S PARENT OR LEGAL GUARDIAN, OR THE PERSON'S 4 LAY PERSON THE STATEWIDE CARE COORDINATION INFRASTRUCTURE 5 ESTABLISHED IN SECTION 27-60-204 TO FACILITATE A FOLLOW-UP 6 APPOINTMENT FOR THE PERSON WITHIN SEVEN CALENDAR DAYS AFTER THE DISCHARGE. FACILITIES SHALL COMPLY WITH THIS SUBSECTION (8)(c) 7 8 WHEN THE STATEWIDE CARE COORDINATION INFRASTRUCTURE CREATED 9 IN SECTION 27-60-204 IS FULLY OPERATIONAL, AS DETERMINED BY THE 10 BHA. THE BHA SHALL IMMEDIATELY NOTIFY FACILITIES WHEN THE 11 STATEWIDE CARE COORDINATION INFRASTRUCTURE IS AVAILABLE TO 12 ASSIST PERSONS WITH DISCHARGE. 13 (d) (I) THE FACILITY SHALL, AT A MINIMUM, ATTEMPT TO FOLLOW 14 UP WITH THE PERSON, THE PERSON'S PARENT OR LEGAL GUARDIAN, OR THE 15 PERSON'S LAY PERSON AT LEAST FORTY-EIGHT HOURS AFTER DISCHARGE. 16 THE FACILITY IS ENCOURAGED TO UTILIZE PEER SUPPORT PROFESSIONALS, 17 AS DEFINED IN SECTION 27-60-108 (2)(b), WHEN PERFORMING FOLLOW-UP 18 CARE WITH INDIVIDUALS AND IN DEVELOPING A CONTINUING CARE PLAN 19 PURSUANT TO SUBSECTION (8)(a)(I) OF THIS SECTION. THE FACILITY MAY 20 FACILITATE FOLLOW-UP CARE THROUGH CONTRACTS WITH 21 COMMUNITY-BASED BEHAVIORAL HEALTH PROVIDERS OR THE COLORADO
- 24 SHALL OBTAIN AUTHORIZATION FROM THE PERSON TO PROVIDE FOLLOW-UP CARE.
 - (II) If the Person is enrolled in Medicaid, the facility is not required to meet the requirements of this subsection (8)(d) and

BEHAVIORAL HEALTH CRISIS HOTLINE. IF THE FACILITY FACILITATES

FOLLOW-UP CARE THROUGH A THIRD-PARTY CONTRACT, THE FACILITY

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1	INSTEAD, THE FACILITY SHALL NOTIFY THE PERSON'S RELEVANT MANAGED
2	CARE ENTITY, AS DEFINED IN SECTION 25.5-5-403, OF THE PERSON'S
3	DISCHARGE AND NEED FOR ONGOING FOLLOW-UP CARE PRIOR TO THE
4	PERSON'S DISCHARGE.
5	(III) IF THE FACILITY CONTRACTS WITH A SAFETY NET PROVIDER,
6	as defined in section $\overline{27-50-101}$, to provide behavioral health
7	SERVICES TO A PERSON ON OR FOLLOWING AN EMERGENCY MENTAL
8	HEALTH HOLD, THE FACILITY SHALL WORK WITH THE SAFETY NET
9	PROVIDER IN ORDER TO MEET THE REQUIREMENTS OF THIS SUBSECTION
10	(8)(d).
11	(e) THE FACILITY SHALL ENCOURAGE THE PERSON TO DESIGNATE
12	A FAMILY MEMBER, FRIEND, OR OTHER PERSON AS A LAY PERSON TO
13	PARTICIPATE IN THE PERSON'S DISCHARGE PLANNING AND SHALL NOTIFY
14	THE PERSON THAT THE PERSON IS ABLE TO RESCIND THE AUTHORIZATION
15	OF A LAY PERSON AT ANY TIME. IF THE PERSON DESIGNATES A LAY PERSON
16	AND HAS PROVIDED NECESSARY AUTHORIZATION, THE FACILITY SHALL
17	ATTEMPT TO INVOLVE THE LAY PERSON IN THE PERSON'S DISCHARGE
18	PLANNING. THE FACILITY SHALL NOTIFY THE LAY PERSON THAT THE
19	PERSON IS BEING DISCHARGED OR TRANSFERRED.
20	(9) (a) On or before July 1, 2019 JULY 1, 2023, and each July 1
21	thereafter, each emergency medical services facility that has treated
22	EVALUATED a person pursuant to this section shall provide an annual
23	report to the BHA that includes only disaggregated and nonidentifying
24	information concerning persons who were treated at an emergency
25	medical services facility pursuant to this section. The report must comply
26	with section 24-1-136 (9) and is exempt from section 24-1-136 (11)(a)(I).
27	The report must contain the following:

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1	(I) The names and counties of the facilities;
2	(II) The total number of persons treated pursuant to this section,
3	including a summary of demographic information;
4	(III) A summary regarding the different reasons for which persons
5	were treated pursuant to this section; and
6	(IV) A summary of the disposition of persons transferred to a
7	designated facility.
8	(b) (I) Any information disaggregated and provided to the BHA
9	pursuant to this subsection (9) is privileged and confidential. Such
10	information must not be made available to the public except in an
11	aggregate format that cannot be used to identify an individual facility.
12	The information is not subject to civil subpoena and is not discoverable
13	or admissible in any civil, criminal, or administrative proceeding against
14	an emergency medical services facility or health-care professional. The
15	information must be used only to assess statewide behavioral health
16	services needs and to plan for sufficient levels of statewide behavioral
17	health services. In the collection of data to accomplish COLLECTING THE
18	DATA PURSUANT TO the requirements of this subsection (9), the BHA shall
19	protect the confidentiality of patient records, in accordance with state and
20	federal laws, and shall not disclose any public identifying or proprietary
21	information of any hospital, hospital administrator, health-care
22	professional, or employee of a health-care facility.
23	(II) Subsection (9)(b)(I) of this section does not apply to
24	information that is otherwise available from a source outside of the data
25	collection activities required pursuant to subsection (7)(a) SUBSECTION
26	(9)(a) of this section.
27	(10) (a) A person detained for an emergency mental health

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1	HOLD PURSUANT TO THIS SECTION HAS THE FOLLOWING RIGHTS:
2	(I) TO BE TOLD THE REASON FOR THE PERSON'S DETAINMENT
3	AND THE LIMITATIONS OF THE PERSON'S DETAINMENT, INCLUDING A
4	DESCRIPTION OF THE PERSON'S RIGHT TO REFUSE MEDICATION, UNLESS THE
5	PERSON REQUIRES EMERGENCY MEDICATIONS, AND THAT THE DETAINMENT
6	DOES NOT MEAN ALL TREATMENT DURING DETAINMENT IS MANDATORY;
7	(II) TO REQUEST A CHANGE TO VOLUNTARY STATUS;
8	(III) TO BE TREATED FAIRLY, WITH RESPECT AND RECOGNITION OF
9	THE PERSON'S DIGNITY AND INDIVIDUALITY, BY ALL EMPLOYEES OF THE
10	FACILITY WITH WHOM THE PERSON COMES IN CONTACT;
11	(IV) TO NOT BE DISCRIMINATED AGAINST ON THE BASIS OF AGE,
12	RACE, ETHNICITY, RELIGION, CULTURE, SPOKEN LANGUAGE, PHYSICAL OR
13	MENTAL DISABILITY, SOCIOECONOMIC STATUS, SEX, SEXUAL ORIENTATION,
14	GENDER IDENTITY, OR GENDER EXPRESSION;
15	(V) TO RETAIN AND CONSULT WITH AN ATTORNEY AT ANY TIME;
16	EXCEPT THAT, UNLESS SPECIFIED IN SUBSECTION (7)(b) OF THIS SECTION,
17	THE FACILITY IS NOT REQUIRED TO RETAIN AN ATTORNEY ON BEHALF OF
18	THE PERSON BUT MUST ALLOW THE PERSON TO CONTACT AN ATTORNEY;
19	(VI) TO CONTINUE THE PRACTICE OF RELIGION;
20	(VII) WITHIN TWENTY-FOUR HOURS AFTER THE PERSON'S
21	REQUEST, TO SEE AND RECEIVE THE SERVICES OF A PATIENT
22	REPRESENTATIVE WHO HAS NO DIRECT OR INDIRECT CLINICAL,
23	ADMINISTRATIVE, OR FINANCIAL RESPONSIBILITY FOR THE PERSON;
24	(VIII) TO HAVE REASONABLE ACCESS TO TELEPHONES OR OTHER
25	COMMUNICATION DEVICES AND TO MAKE AND TO RECEIVE CALLS OR
26	COMMUNICATIONS IN PRIVATE. FACILITY STAFF SHALL NOT OPEN, DELAY,
27	INTERCEPT, READ, OR CENSOR MAIL OR OTHER COMMUNICATIONS OR USE

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1	MAIL OR OTHER COMMUNICATIONS AS A METHOD TO ENFORCE
2	COMPLIANCE WITH FACILITY STAFF.
3	(IX) TO WEAR THE PERSON'S OWN CLOTHES, KEEP AND USE THE
4	PERSON'S OWN PERSONAL POSSESSIONS AND KEEP AND BE ALLOWED TO
5	SPEND A REASONABLE SUM OF THE PERSON'S OWN MONEY. A FACILITY
6	MAY TEMPORARILY RESTRICT A PERSON'S ACCESS TO PERSONAL CLOTHING
7	OR PERSONAL POSSESSIONS, UNTIL A SAFETY ASSESSMENT IS COMPLETED.
8	IF THE FACILITY RESTRICTS A PERSON'S ACCESS TO PERSONAL CLOTHING
9	OR PERSONAL POSSESSIONS, THE FACILITY SHALL HAVE A DISCUSSION WITH
10	THE PERSON ABOUT WHY THE PERSON'S PERSONAL CLOTHING OR PERSONAL
11	POSSESSIONS ARE BEING RESTRICTED. A LICENSED MEDICAL PROFESSIONAL
12	OR A LICENSED BEHAVIORAL HEALTH PROFESSIONAL SHALL CONDUCT A
13	SAFETY ASSESSMENT AS SOON AS POSSIBLE. THE LICENSED PROFESSIONAL
14	SHALL DOCUMENT IN THE PERSON'S MEDICAL RECORD THE SPECIFIC
15	REASONS WHY IT IS NOT SAFE FOR THE PERSON TO POSSESS THE PERSON'S
16	PERSONAL CLOTHING OR PERSONAL POSSESSIONS. THE FACILITY SHALL
17	PERIODICALLY CONDUCT ADDITIONAL SAFETY ASSESSMENTS TO
18	DETERMINE WHETHER THE PERSON MAY POSSESS THE PERSON'S PERSONAL
19	CLOTHING OR PERSONAL POSSESSIONS, WITH THE GOAL OF RESTORING THE
20	PERSON'S RIGHTS ESTABLISHED PURSUANT TO THIS SECTION.
21	(X) TO KEEP AND USE THE PERSON'S CELL PHONE, UNLESS ACCESS
22	TO THE CELL PHONE CAUSES THE PERSON TO DESTABILIZE OR CREATES A
23	DANGER TO THE PERSON'S SELF OR OTHERS, AS DETERMINED BY A
24	PROVIDER, FACILITY STAFF MEMBER, OR SECURITY PERSONNEL INVOLVED
25	IN THE PERSON'S CARE;
26	(XI) TO HAVE THE PERSON'S INFORMATION AND RECORDS
27	DISCLOSED TO FAMILY MEMBERS AND A LAY PERSON PURSUANT TO

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1	SECTION 27-65-123;
2	(XII) TO HAVE THE PERSON'S TREATMENT RECORDS REMAIN
3	CONFIDENTIAL, EXCEPT AS REQUIRED BY LAW;
4	(XIII) TO NOT BE FINGERPRINTED, UNLESS REQUIRED BY LAW;
5	(XIV) TO NOT BE PHOTOGRAPHED, EXCEPT UPON ADMISSION FOR
6	IDENTIFICATION AND ADMINISTRATIVE PURPOSES. ANY PHOTOGRAPHS
7	MUST BE CONFIDENTIAL AND MUST NOT BE RELEASED BY THE FACILITY
8	EXCEPT PURSUANT TO A COURT ORDER. NONMEDICAL PHOTOGRAPHS MUST
9	NOT BE TAKEN OR USED WITHOUT APPROPRIATE CONSENT OR
10	AUTHORIZATION.
11	(XV) TO HAVE APPROPRIATE ACCESS TO ADEQUATE WATER,
12	HYGIENE PRODUCTS, AND FOOD AND TO HAVE THE PERSON'S NUTRITIONAL
13	NEEDS MET IN A MANNER THAT IS CONSISTENT WITH RECOGNIZED DIETARY
14	PRACTICES;
15	(XVI) TO HAVE PERSONAL PRIVACY TO THE EXTENT POSSIBLE
16	DURING THE COURSE OF TREATMENT; AND
17	(XVII) TO HAVE THE ABILITY TO MEET WITH VISITORS IN
18	ACCORDANCE WITH THE FACILITY'S CURRENT VISITOR GUIDELINES.
19	(b) A PERSON'S RIGHTS UNDER THIS SUBSECTION (10) MAY ONLY
20	BE DENIED IF ACCESS TO THE ITEM, PROGRAM, OR SERVICE CAUSES THE
21	PERSON TO DESTABILIZE OR CREATES A DANGER TO THE PERSON'S SELF OR
22	OTHERS, AS DETERMINED BY A LICENCED PROVIDER INVOLVED IN THE
23	PERSON'S CARE. DENIAL OF ANY RIGHT MUST BE ENTERED INTO THE
24	PERSON'S TREATMENT RECORD AND MUST BE MADE AVAILABLE, UPON
25	REQUEST, TO THE PERSON, THE PERSON'S LEGAL GUARDIAN, OR THE
26	PERSON'S ATTORNEY.
27	(c) A FACILITY SHALL NOT INTENTIONALLY RETALIATE OR

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1	DISCRIMINATE AGAINST A DETAINED PERSON OR EMPLOYEE FOR
2	CONTACTING OR PROVIDING INFORMATION TO ANY OFFICIAL OR TO AN
3	EMPLOYEE OF ANY STATE PROTECTION AND ADVOCACY AGENCY OR FOR
4	INITIATING, PARTICIPATING IN, OR TESTIFYING IN A GRIEVANCE PROCEDURE
5	OR IN AN ACTION FOR ANY REMEDY AUTHORIZED PURSUANT TO THIS
6	SECTION. ANY FACILITY THAT VIOLATES THIS SUBSECTION (10) COMMITS
7	AN UNCLASSIFIED MISDEMEANOR AND SHALL BE FINED NOT MORE THAN
8	ONE THOUSAND DOLLARS.
9	(d) ANY PERSON WHOSE RIGHTS ARE DENIED OR VIOLATED
10	PURSUANT TO THIS SECTION HAS THE RIGHT TO FILE A COMPLIANT AGAINST
11	THE FACILITY WITH THE BEHAVIORAL HEALTH ADMINISTRATION AND THE
12	DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT.
13	SECTION 3. In Colorado Revised Statutes, 27-65-109, amend
14	as added by House Bill 22-1256 (1), (2), (3), (4), (6), (7), (8), and (10)
	0.11
15	as follows:
15 16	as follows: 27-65-109. Certification for short-term treatment - procedure.
16	27-65-109. Certification for short-term treatment - procedure.
16 17	27-65-109. Certification for short-term treatment - procedure. (1) If A person detained pursuant to section 27-65-106 has received an
16 17 18	27-65-109. Certification for short-term treatment - procedure. (1) If A person detained pursuant to section 27-65-106 has received an evaluation, the person may be certified for not more than three months for
16 17 18 19	27-65-109. Certification for short-term treatment - procedure. (1) If A person detained pursuant to section 27-65-106 has received an evaluation, the person may be certified for not more than three months for short-term treatment under the following conditions:
16 17 18 19 20	27-65-109. Certification for short-term treatment - procedure. (1) If A person detained pursuant to section 27-65-106 has received an evaluation, the person may be certified for not more than three months for short-term treatment under the following conditions: (a) The professional staff of the agency or facility providing
16 17 18 19 20 21	27-65-109. Certification for short-term treatment - procedure. (1) If A person detained pursuant to section 27-65-106 has received an evaluation, the person may be certified for not more than three months for short-term treatment under the following conditions: (a) The professional staff of the agency or facility providing seventy-two-hour treatment and evaluation has analyzed the person's
16 17 18 19 20 21 22	27-65-109. Certification for short-term treatment - procedure. (1) If A person detained pursuant to section 27-65-106 has received an evaluation, the person may be certified for not more than three months for short-term treatment under the following conditions: (a) The professional staff of the agency or facility providing seventy-two-hour treatment and evaluation has analyzed the person's condition DETAINING THE PERSON ON AN EMERGENCY MENTAL HEALTH
16 17 18 19 20 21 22 23	27-65-109. Certification for short-term treatment - procedure. (1) If A person detained pursuant to section 27-65-106 has received an evaluation, the person may be certified for not more than three months for short-term treatment under the following conditions: (a) The professional staff of the agency or facility providing seventy-two-hour treatment and evaluation has analyzed the person's condition DETAINING THE PERSON ON AN EMERGENCY MENTAL HEALTH HOLD HAS EVALUATED THE PERSON and has found the person has a mental
16 17 18 19 20 21 22 23 24	27-65-109. Certification for short-term treatment - procedure. (1) If A person detained pursuant to section 27-65-106 has received an evaluation, the person may be certified for not more than three months for short-term treatment under the following conditions: (a) The professional staff of the agency or facility providing seventy-two-hour treatment and evaluation has analyzed the person's condition DETAINING THE PERSON ON AN EMERGENCY MENTAL HEALTH HOLD HAS EVALUATED THE PERSON and has found the person has a mental health disorder and, as a result of the mental health disorder, is a danger

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1	accepted, voluntary treatment; but, if reasonable grounds exist to believe
2	that the person will not remain in a voluntary treatment program, the
3	person's acceptance of voluntary treatment does not preclude certification;
4	and
5	(c) The facility OR COMMUNITY PROVIDER that will provide
6	short-term treatment has been designated or approved by the
7	commissioner to provide such treatment; AND
8	(d) The Person, the Person's Legal Guardian, and the
9	PERSON'S LAY PERSON, IF APPLICABLE, HAVE BEEN ADVISED OF THE
10	PERSON'S RIGHT TO AN ATTORNEY AND TO CONTEST THE CERTIFICATION
11	FOR SHORT-TERM TREATMENT.
12	(2) The notice of certification must be signed by a professional
13	person on the staff of the evaluation facility who participated in the
14	evaluation. and The NOTICE OF CERTIFICATION must:
15	(a) State facts sufficient to establish reasonable grounds to believe
16	that the person RESPONDENT has a mental health disorder and, as a result
17	of the mental health disorder, is a danger to others or to the person's self
18	THE RESPONDENT'S SELF OR OTHERS or is gravely disabled;
19	(b) Be filed with the court within forty-eight hours, excluding
20	Saturdays, Sundays, and court holidays, of AFTER the date of certification;
21	and
22	(c) Be filed with the court in the county in which the respondent
23	resided or was physically present immediately prior to being taken into
24	custody; AND
25	(d) Provide recommendations if the certification should
26	TAKE PLACE ON AN INPATIENT OR OUTPATIENT BASIS.
27	(3) Within twenty-four hours after certification, copies of the

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certification must be personally delivered to the respondent, THE BHA, and a copy must be kept by the evaluation EVALUATING facility as part of the respondent's record, IF APPLICABLE. The FACILITY OR COURT SHALL ASK THE respondent must also be asked to designate one other person A LAY PERSON whom the respondent wishes TO BE informed regarding certification. If the respondent is incapable of making such a designation at the time the certification is delivered, he or she THE RESPONDENT must be asked to designate such A LAY person as soon as the respondent is capable. In addition to the copy of the certification, the respondent must be given a written notice that a hearing upon the respondent's certification for short-term treatment may be had before the court or a jury upon written request directed to the court pursuant to subsection (6) of this section.

- (4) Upon certification of the respondent, the facility designated for short-term treatment has custody of the respondent.
- (6) The respondent for short-term treatment or the respondent's attorney may at any time file a written request that the certification for short-term treatment or the treatment be reviewed by the court or that the treatment be on an outpatient basis. If review is requested, the court shall hear the matter within ten days after the request, and the court shall give notice to the respondent and the respondent's attorney and the certifying and treating professional person of the time and place thereof OF THE HEARING. The hearing must be held in accordance with section 27-65-113. At the conclusion of the hearing, the court may enter or confirm the certification for short-term treatment, discharge the respondent, or enter any other appropriate order. subject to available appropriations:

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(7) Records and papers in proceedings under PURSUANT TO this section must be maintained separately by the clerks of the several courts. Upon the release of any respondent in accordance with section 27-65-112, the facility shall notify the clerk of the court within five days after the release, and the clerk shall forthwith IMMEDIATELY seal the record in the case and omit the name of the respondent from the index of cases in the court until and unless the respondent becomes subject to an order of CERTIFICATION FOR long-term care and treatment pursuant to section 27-65-110 or until and unless the court orders them THE RECORDS opened for good cause shown. In the event a petition is filed pursuant to section 27-65-110, the certification record may be opened and become a part of the record in the long-term care and treatment case and the name of the respondent indexed.

(8) Whenever it appears to the court, by reason of a report by the treating professional person OR THE BHA or any other report satisfactory to the court, that a respondent detained for evaluation and treatment or certified for SHORT-TERM treatment should be transferred to another facility for treatment and the safety of the respondent or the public requires that the respondent be transported by a secure transportation provider or a sheriff A CERTIFIED PEACE OFFICER, the court may issue an order directing the sheriff or the sheriff's designee, THE LAW ENFORCEMENT AGENCY WHERE THE RESPONDENT RESIDES OR SECURE TRANSPORTATION PROVIDER to deliver the respondent to the designated facility.

(10) If the professional person in charge of the evaluation and treatment believes that a period longer than three months is necessary for treatment of TO TREAT the respondent, the professional person shall file

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1	with the court an extended certification AT LEAST THIRTY DAYS PRIOR TO
2	THE EXPIRATION DATE OF THE ORIGINAL CERTIFICATION. An extended
3	certification for treatment is MUST NOT BE for a period of more than three
4	months. The respondent is entitled to a hearing on the extended
5	certification under the same conditions as an original certification. The
6	attorney initially representing the respondent shall continue to represent
7	the respondent, unless the court appoints another attorney.
8	SECTION 4. In Colorado Revised Statutes, amend as added by
9	House Bill 22-1256 27-65-112 as follows:
10	27-65-112. Termination of certification for short-term and
11	long-term treatment. (1) An original or extended certification for
12	short-term treatment ISSUED PURSUANT TO SECTION 27-65-109, or an order
13	OR EXTENSION FOR CERTIFICATION for long-term care and treatment or any
14	extension thereof PURSUANT TO SECTION 27-65-110 terminates as soon as
15	in the opinion of the professional person in charge of treatment of the
16	respondent AND THE BHA DETERMINE the respondent has received
17	sufficient benefit from such THE treatment for the respondent to leave
18	END INVOLUNTARY TREATMENT. Whenever a certification or extended

19 certification is terminated pursuant to this section, the professional person in charge of providing treatment shall so notify the court in writing within

five days after THE termination. The professional person may also

prescribe day care, night care, or any other similar mode of treatment

prior to termination.

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(2) Before termination, an escaped A respondent WHO LEAVES A FACILITY may be returned to the facility by order of the court without a hearing or by the superintendent or director of the facility without order of A court ORDER. After termination, a respondent may be returned to the

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1	facility only in accordance with this article 65.
2	SECTION 5. In Colorado Revised Statutes, amend as added by
3	House Bill 22-1256 27-65-119 as follows:
4	27-65-119. [Formerly 27-65-117] Rights of respondents
5	certified for short-term treatment or long-term care and treatment.
6	(1) Each person receiving evaluation, care or treatment pursuant to any
7	provision of this article RESPONDENT CERTIFIED FOR SHORT-TERM
8	TREATMENT OR LONG-TERM CARE AND TREATMENT ON AN INPATIENT
9	BASIS PURSUANT TO SECTIONS 27-65-109 AND 27-65-110 has the
10	following rights and shall be advised of such rights by the facility:
11	(a) TO BE TREATED FAIRLY, WITH RESPECT AND RECOGNITION OF
12	THE RESPONDENT'S DIGNITY AND INDIVIDUALITY, BY ALL EMPLOYEES OF
13	THE FACILITY WITH WHOM THE RESPONDENT COMES IN CONTACT;
14	(b) TO NOT BE DISCRIMINATED AGAINST ON THE BASIS OF AGE,
15	RACE, ETHNICITY, RELIGION, CULTURE, SPOKEN LANGUAGE, PHYSICAL OR
16	MENTAL DISABILITY, SOCIOECONOMIC STATUS, SEX, SEXUAL ORIENTATION,
17	GENDER IDENTITY, OR GENDER EXPRESSION;
18	(c) TO RETAIN AND CONSULT WITH AN ATTORNEY AT ANY TIME;
19	(d) TO MEET WITH OR CALL A PERSONAL CLINICIAN, SPIRITUAL
20	ADVISOR, COUNSELOR, CRISIS HOTLINE, FAMILY MEMBER, WORKPLACE,
21	CHILD CARE PROVIDER, OR SCHOOL AT ALL REASONABLE TIMES;
22	(e) TO CONTINUE THE PRACTICE OF RELIGION;
23	(f) WITHIN TWENTY-FOUR HOURS AFTER THE RESPONDENT'S
24	REQUEST, TO SEE AND RECEIVE THE SERVICES OF A PATIENT
25	REPRESENTATIVE WHO HAS NO DIRECT OR INDIRECT CLINICAL,
26	ADMINISTRATIVE, OR FINANCIAL RESPONSIBILITY FOR THE PERSON;
27	(a) (g) To receive and send sealed correspondence, No incoming

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1	of outgoing correspondence shall be opened, delayed, held, of censored
2	by the personnel of the facility AS WELL AS TO BE GIVEN THE ASSISTANCE
3	OF FACILITY STAFF IF THE RESPONDENT IS UNABLE TO WRITE, PREPARE, OR
4	MAIL CORRESPONDENCE. FACILITY STAFF SHALL NOT OPEN, DELAY,
5	INTERCEPT, READ, OR CENSOR MAIL OR OTHER COMMUNICATIONS OR USE
6	MAIL OR OTHER COMMUNICATIONS AS A METHOD TO ENFORCE
7	COMPLIANCE WITH FACILITY STAFF;
8	(h) TO HAVE THE RESPONDENT'S BEHAVIORAL HEALTH ORDERS FOR
9	SCOPE OF TREATMENT OR PSYCHIATRIC ADVANCE DIRECTIVE REVIEWED
10	AND CONSIDERED BY THE COURT AS THE PREFERRED TREATMENT OPTION
11	FOR INVOLUNTARY ADMINISTRATION OF MEDICATIONS UNLESS, BY CLEAR
12	AND CONVINCING EVIDENCE, THE RESPONDENT'S DIRECTIVE DOES NOT
13	QUALIFY AS EFFECTIVE PARTICIPATION IN BEHAVIORAL HEALTH
14	DECISION-MAKING;
15	(i) TO HAVE REASONABLE ACCESS TO TELEPHONES OR OTHER
16	COMMUNICATION DEVICES AND TO MAKE AND RECEIVE CALLS OR
17	COMMUNICATIONS IN PRIVATE;
18	(d) (j) To have frequent and convenient opportunities to meet with
19	visitors; Each person may
20	(k) To see the person's THE RESPONDENT'S attorney, clergyperson,
21	or physician at any time;
22	(e) (l) To wear the person's THE RESPONDENT'S own clothes, keep
23	and use his or her THE RESPONDENT'S own personal possessions,
24	INCLUDING THE PERSON'S CELL PHONE, and keep and be allowed to spend
25	a reasonable sum of the person's THE RESPONDENT'S own money;
26	(m) TO HAVE THE RESPONDENT'S INFORMATION AND RECORDS
27	DISCLOSED TO FAMILY MEMBERS AND A LAY PERSON PURSUANT TO

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1	SECTION 27-65-123;
2	(n) TO HAVE THE RESPONDENT'S TREATMENT RECORDS REMAIN
3	CONFIDENTIAL, EXCEPT AS REQUIRED BY LAW;
4	(o) TO HAVE APPROPRIATE ACCESS TO ADEQUATE WATER, HYGIENE
5	PRODUCTS, AND FOOD AND TO HAVE THE RESPONDENT'S NUTRITIONAL
6	NEEDS MET IN A MANNER THAT IS CONSISTENT WITH RECOGNIZED DIETARY
7	PRACTICES;
8	(p) TO HAVE PERSONAL PRIVACY TO THE EXTENT POSSIBLE DURING
9	THE COURSE OF TREATMENT; AND
10	(q) TO HAVE ACCESS TO A REPRESENTATIVE WITHIN THE FACILITY
11	WHO PROVIDES ASSISTANCE TO FILE A GRIEVANCE.
12	(2) A person's RESPONDENT'S rights under subsection (1) of this
13	section may be denied for good cause only by the professional person
14	providing treatment IF ACCESS TO THE ITEM, PROGRAM, OR SERVICE
15	WOULD ENDANGER THE SAFETY OF THE RESPONDENT OR ANOTHER PERSON
16	IN CLOSE PROXIMITY AND MAY ONLY BE DENIED BY A PERSON INVOLVED
17	IN THE RESPONDENT'S CARE. Denial of any right must in all cases MUST be
18	entered into the person's RESPONDENT'S treatment record. Information
19	pertaining to a denial of rights contained in the person's RESPONDENT'S
20	treatment record must be made available, upon request, to the person
21	RESPONDENT, THE RESPONDENT'S LEGAL GUARDIAN, or the person's THE
22	RESPONDENT'S attorney.
23	(3) No person A RESPONDENT admitted to or in a facility shall
24	MUST NOT be fingerprinted unless required by other provisions of law.
25	(4) A person RESPONDENT may be photographed upon admission
26	for identification and the administrative purposes of the facility. The
27	photographs are confidential and must not be released by the facility

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except pursuant to court order. No other Nonmedical photographs may SHALL NOT be taken or used without appropriate consent or authorization.

- under any of the provisions of this article 65 is entitled to a written copy AND VERBAL DESCRIPTION IN A LANGUAGE OR MODALITY ACCESSIBLE TO THE PERSON of all the person's rights enumerated in this section, and a minor child shall MUST receive written notice of the minor's rights as provided in section 27-65-104 (6)(g). A list of the rights must be prominently posted in all evaluation and treatment facilities IN THE PREDOMINANT LANGUAGES OF THE COMMUNITY AND EXPLAINED IN A LANGUAGE OR MODALITY ACCESSIBLE TO THE RESPONDENT. THE FACILITY SHALL ASSIST THE RESPONDENT IN EXERCISING THE RIGHTS ENUMERATED IN THIS SECTION.
- (6) A FACILITY SHALL NOT INTENTIONALLY RETALIATE OR DISCRIMINATE AGAINST A PERSON OR EMPLOYEE FOR CONTACTING OR PROVIDING INFORMATION TO ANY OFFICIAL OR TO AN EMPLOYEE OF ANY STATE PROTECTION AND ADVOCACY AGENCY, OR FOR INITIATING, PARTICIPATING IN, OR TESTIFYING IN A GRIEVANCE PROCEDURE OR IN AN ACTION FOR ANY REMEDY AUTHORIZED PURSUANT TO THIS SECTION. ANY FACILITY THAT VIOLATES THIS SUBSECTION (6) COMMITS AN UNCLASSIFIED MISDEMEANOR AND SHALL BE FINED NOT MORE THAN ONE THOUSAND DOLLARS.
- (7) ANY RESPONDENT WHOSE RIGHTS ARE DENIED OR VIOLATED PURSUANT TO THIS SECTION HAS THE RIGHT TO FILE A COMPLIANT AGAINST THE FACILITY WITH THE BEHAVIORAL HEALTH ADMINISTRATION AND THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT.

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1	SECTION 6. In Colorado Revised Statutes, 7-60-132, amend
2	(1)(a) as follows:
3	7-60-132. Dissolution by decree of court. (1) On application by
4	or for a partner, the court shall decree a dissolution if:
5	(a) A partner has been determined by the court to be mentally
6	incompetent to such a degree that the partner is incapable of performing
7	the partner's part of the partnership contract or a court of competent
8	jurisdiction has made such a finding pursuant to part 3 or part 4 of article
9	14 of title 15 or section 27-65-109 (4) SECTION 27-65-110 (4) or
10	27-65-127; C.R.S.;
11	SECTION 7. In Colorado Revised Statutes, 12-215-115, amend
12	(7) as follows:
13	12-215-115. Discipline of licensees - suspension, revocation,
14	denial, and probation - grounds - definitions. (7) In the event any
15	person holding a license to practice chiropractic in this state is determined
16	to be mentally incompetent or insane by a court of competent jurisdiction
17	and a court enters, pursuant to part 3 or 4 of article 14 of title 15 or
18	section 27-65-109 (4) SECTION 27-65-110 (4) or 27-65-127, an order
19	specifically finding that the mental incompetency or insanity is of such a
20	degree that the person holding a license is incapable of continuing to
21	practice chiropractic, his or her THE PERSON'S license shall automatically
22	be suspended by the board, and, anything in this article 215 to the
23	contrary notwithstanding, the suspension shall MUST continue until the
24	licensee is found by the court to be competent to practice chiropractic.
25	SECTION 8. In Colorado Revised Statutes, 12-240-125, amend
26	(7) as follows:
27	12-240-125. Disciplinary action by board - rules. (7) If any

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1	licensee is determined to be mentally incompetent or insane by a court of
2	competent jurisdiction and a court enters, pursuant to part 3 or 4 of article
3	14 of title 15 or section 27-65-109 (4) SECTION 27-65-110 (4) or
4	27-65-127, an order specifically finding that the mental incompetency or
5	insanity is of such a degree that the licensee is incapable of continuing to
6	practice medicine, practice as a physician assistant, or practice as an
7	anesthesiologist assistant, the board shall automatically suspend his or her
8	THE LICENSEE'S license, and, anything in this article 240 to the contrary
9	notwithstanding, the suspension must continue until the licensee is found
10	by the court to be competent to practice medicine, practice as a physician
11	assistant, or practice as an anesthesiologist assistant.
12	SECTION 9. In Colorado Revised Statutes, 12-245-203.5,
13	amend (1) as follows:
14	12-245-203.5. Minors - consent for outpatient psychotherapy
15	services - immunity - definition. (1) As used in this section, unless the
16	context otherwise requires, "mental health professional" includes a
17	professional person as defined in section 27-65-102 (17) (27); a mental
18	health professional licensed pursuant to part 3, 4, 5, 6, or 8 of this article
19	245; a licensed professional counselor candidate; a psychologist
20	candidate; or a school social worker licensed by the department of
21	education.
22	SECTION 10. In Colorado Revised Statutes, 12-245-216, amend
23	(2) and (4)(b) as follows:
24	12-245-216. Mandatory disclosure of information to clients.
25	(2) If the client is a child MINOR who is consenting to mental health
26	services pursuant to section 27-65-103 SECTION 27-65-104, disclosure
27	shall MUST be made to the child MINOR. If the client is a child MINOR

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1	whose parent or legal guardian is consenting to mental health services,
2	disclosure shall MUST be made to the MINOR'S parent or legal guardian.
3	(4) The disclosure of information required by subsection (1) of
4	this section is not required when psychotherapy is being administered in
5	any of the following circumstances:
6	(b) Pursuant to a court order or involuntary procedures pursuant
7	to sections 27-65-105 to 27-65-109 SECTIONS 27-65-106 TO 27-65-110;
8	SECTION 11. In Colorado Revised Statutes, 12-255-119, amend
9	(7) as follows:
10	12-255-119. Disciplinary procedures of the board - inquiry
11	and hearings panels - mental and physical examinations - definitions
12	- rules. (7) In case any nurse is determined to be mentally incompetent
13	or insane by a court of competent jurisdiction and a court enters, pursuant
14	to part 3 or 4 of article 14 of title 15 or section 27-65-109 (4) SECTION
15	27-65-110 (4) or 27-65-127, an order specifically finding that the mental
16	incompetency or insanity is of such a degree that the nurse is incapable
17	of continuing the practice of nursing, the nurse's license BOARD shall
18	automatically be suspended by the board SUSPEND THE NURSE'S LICENSE,
19	and, notwithstanding any provision of this part 1 to the contrary, the
20	suspension shall MUST continue until the nurse is found by the court to be
21	competent to continue the practice of nursing.
22	SECTION 12. In Colorado Revised Statutes, 12-290-113, amend
23	(8) as follows:
24	12-290-113. Disciplinary action by board. (8) If a person
25	holding a license to practice podiatry in this state is determined to be
26	mentally incompetent or insane by a court of competent jurisdiction and
27	a court enters, pursuant to part 3 or 4 of article 14 of title 15 or section

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1	$\frac{27-65-109}{4}$ SECTION 27-65-110 (4) or 27-65-127, an order specifically
2	finding that the mental incompetency or insanity is of such a degree that
3	the person holding a license is incapable of continuing to practice
4	podiatry, the license BOARD shall automatically be suspended by the board
5	SUSPEND THE LICENSE, and, anything in this article 290 to the contrary
6	notwithstanding, the suspension shall MUST continue until the licensee is
7	found by the court to be competent to practice podiatry.
8	SECTION 13. In Colorado Revised Statutes, 12-315-112, amend
9	(1)(v) as follows:
10	12-315-112. Discipline of licensees. (1) Upon receipt of a signed
11	complaint by a complainant or upon its own motion, the board may
12	proceed to a hearing in conformity with section 12-315-113. After a
13	hearing, and by a concurrence of a majority of members, the board may
14	take disciplinary or other action as authorized in section 12-20-404
15	against an applicant or a licensed veterinarian for any of the following
16	reasons:
17	(v) A determination that the individual is mentally incompetent by
18	a court of competent jurisdiction and the court has entered, pursuant to
19	part 3 or 4 of article 14 of title 15 or section 27-65-109 (4) SECTION
20	27-65-110 (4) or 27-65-127, an order specifically finding that the mental
21	incompetency is of such a degree that the individual is incapable of
22	continuing to practice veterinary medicine;
23	SECTION 14. In Colorado Revised Statutes, 13-5-142, amend
24	(1)(c) and (3)(b)(III) as follows:
25	13-5-142. National instant criminal background check system
26	- reporting. (1) On and after March 20, 2013, the state court
27	administrator shall send electronically the following information to the

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I	Colorado bureau of investigation created pursuant to section 24-33.5-401,
2	referred to in this section as the "bureau":
3	(c) The name of each person with respect to whom the court has
4	entered an order for involuntary certification for short-term treatment of
5	a mental health disorder pursuant to section 27-65-107 SECTION
6	27-65-109, for extended certification for treatment of a mental health
7	disorder pursuant to section 27-65-108 SECTION 27-65-109 (10), or for
8	long-term care and treatment of a mental health disorder pursuant to
9	section 27-65-109 SECTION 27-65-110.
10	(3) The state court administrator shall take all necessary steps to
11	cancel a record made by the state court administrator in the national
12	instant criminal background check system if:
13	(b) No less than three years before the date of the written request:
14	(III) The record in the case was sealed pursuant to section
15	27-65-107 (7) SECTION 27-65-109 (7), or the court entered an order
16	discharging the person from certification in the nature of habeas corpus
17	pursuant to section 27-65-113 SECTION 27-65-115, if the record in the
18	national instant criminal background check system is based on a court
19	order for involuntary certification for short-term treatment of a mental
20	health disorder.
21	SECTION 15. In Colorado Revised Statutes, 13-5-142.5, amend
22	(2)(a)(III) as follows:
23	13-5-142.5. National instant criminal background check
24	system - judicial process for awarding relief from federal
25	prohibitions - legislative declaration. (2) Eligibility. A person may
26	petition for relief pursuant to this section if:
27	(a) (III) The court has entered an order for the person's involuntary

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1	certification for short-term treatment of a mental health disorder pursuant
2	to section 27-65-107 SECTION 27-65-109, for extended certification for
3	treatment of a mental health disorder pursuant to section 27-65-108
4	SECTION 27-65-109 (10), or for long-term care and treatment of a mental
5	health disorder pursuant to section 27-65-109 SECTION 27-65-110; and
6	SECTION 16. In Colorado Revised Statutes, amend 13-5-142.8
7	as follows:
8	13-5-142.8. Notice by professional persons. Under sections
9	13-9-123 (1), 13-9-124 (2), 13-5-142 (1), and 13-5-142.5 (2), an order for
10	involuntary certification for short-term treatment of a mental health
11	disorder pursuant to section 27-65-107 shall SECTION 27-65-109 MUST
12	also include a notice filed by a professional person pursuant to section
13	27-65-107 SECTION 27-65-109, and an order for extended certification for
14	treatment of mental health disorder pursuant to section 27-65-108 shall
15	SECTION 27-65-109 (10) MUST also include a notice filed by a professional
16	person pursuant to section 27-65-108 SECTION 27-65-109 (10).
17	SECTION 17. In Colorado Revised Statutes, 13-9-123, amend
18	(1)(c) and (3)(b)(III) as follows:
19	13-9-123. National instant criminal background check system
20	- reporting. (1) On and after March 20, 2013, the state court
21	administrator shall send electronically the following information to the
22	Colorado bureau of investigation created pursuant to section 24-33.5-401,
23	referred to in this section as the "bureau":
24	(c) The name of each person with respect to whom the court has
25	entered an order for involuntary certification for short-term treatment of
26	a mental health disorder pursuant to section 27-65-107 SECTION
27	27-65-109, for extended certification for treatment of a mental health

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1	disorder pursuant to section 27-65-108 SECTION 27-65-109 (10), or for
2	long-term care and treatment of a mental health disorder pursuant to
3	section 27-65-109 SECTION 27-65-110.
4	(3) The state court administrator shall take all necessary steps to
5	cancel a record made by the state court administrator in the national
6	instant criminal background check system if:
7	(b) No less than three years before the date of the written request:
8	(III) The record in the case was sealed pursuant to section
9	27-65-107 (7) SECTION 27-65-109 (7), or the court entered an order
10	discharging the person from certification in the nature of habeas corpus
11	pursuant to section 27-65-113 SECTION 27-65-115, if the record in the
12	national instant criminal background check system is based on a court
13	order for involuntary certification for short-term treatment of a mental
14	health disorder.
15	SECTION 18. In Colorado Revised Statutes, 13-9-124, amend
16	(2)(a)(III) as follows:
17	13-9-124. National instant criminal background check system
18	- judicial process for awarding relief from federal prohibitions -
19	legislative declaration. (2) Eligibility. A person may petition for relief
20	pursuant to this section if:
21	(a) (III) The court has entered an order for the person's involuntary
22	certification for short-term treatment of a mental health disorder pursuant
23	to section 27-65-107 SECTION 27-65-109, for extended certification for
24	treatment of a mental health disorder pursuant to section 27-65-108
25	SECTION 27-65-109 (10), or for long-term care and treatment of a mental
26	health disorder pursuant to section 27-65-109 SECTION 27-65-110; and
27	SECTION 19. In Colorado Revised Statutes, 13-14.5-105,

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1	amend (8)(a) as follows:
2	13-14.5-105. Hearings on petition - grounds for order issuance.
3	(8) (a) Before issuing an extreme risk protection order, the court shall
4	consider whether the respondent meets the standard for a court-ordered
5	evaluation for persons with mental health disorders pursuant to section
6	27-65-106. If the court determines that the respondent meets the standard
7	then, in addition to issuing an extreme risk protection order, the court
8	shall order mental health treatment and evaluation authorized pursuant to
9	section 27-65-106 (6) SECTION 27-65-106 (4)(d).
10	SECTION 20. In Colorado Revised Statutes, 13-20-401, amend
11	(2) as follows:
12	13-20-401. Definitions. As used in this part 4, unless the context
13	otherwise requires:
14	(2) "Patient" means the person upon whom a proposed
15	electroconvulsive treatment is to be performed; except that nothing in this
16	part 4 supersedes the provisions of article 65 of title 27 or any rule
17	adopted by the department of human services BEHAVIORAL HEALTH
18	ADMINISTRATION pursuant to section 27-65-116 (2) SECTION 27-65-118
19	(2) with regard to the care and treatment of any person unable to exercise
20	written informed consent or of a person with a mental health disorder.
21	SECTION 21. In Colorado Revised Statutes, 15-18.7-201
22	amend (9)(b) as follows:
23	15-18.7-201. Definitions. As used in this part 2, unless the
24	context otherwise requires:
25	(9) "Health-care provider" means:
26	(b) A professional person, as defined in section 27-65-102 (17)
27	(27);

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1	SECTION 22. In Colorado Revised Statutes, 15-18.7-202,
2	amend (5), (6), and (7) as follows:
3	15-18.7-202. Behavioral health orders for scope of treatment
4	- form contents - effect. (5) A behavioral health orders form may be
5	admissible in a hearing pursuant to section 27-65-111 SECTION 27-65-113
6	for the purpose of establishing the adult's behavioral health treatment,
7	medication, and alternative treatment history, decisions, and preferences
8	to be made on behalf of the adult during an involuntary emergency
9	procedure, certification, or commitment authorized pursuant to state law.
10	(6) Nothing in this part 2 means that an adult who has executed a
11	behavioral health orders form has waived the right to a hearing before the
12	court or jury pursuant to section 27-65-111 SECTION 27-65-113.
13	(7) Nothing in this part 2 means that an adult who has executed a
14	behavioral health orders form has consented to a petition for involuntary
15	administration of medication authority pursuant to section 27-65-111 (5)
16	SECTION 27-65-113 (5).
17	SECTION 23. In Colorado Revised Statutes, 16-8.5-105, amend
18	(1)(a)(IV) and (6) as follows:
19	16-8.5-105. Evaluations, locations, time frames, and report.
20	(1) (a) (IV) Nothing in this subsection (1)(a) limits the availability of a
21	court-ordered evaluation for a person with a mental health disorder
22	pursuant to section 27-65-106 or invokes the emergency procedure FOR
23	AN EMERGENCY MENTAL HEALTH HOLD set forth in section 27-65-105
24	SECTION 27-65-106.
25	(6) Whenever a competency evaluation is ordered upon the
26	request of either party, the court may notify the county attorney or district
27	attorney required to conduct proceedings pursuant to section 27-65-111

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1	(6) SECTION 27-65-113 (6) for the county in which the charges are
2	pending and the court liaison hired pursuant to part 2 of article 11.9 of
3	this title 16 of all court dates for return of the report on competency to
4	ensure that all parties are on notice of the expected need for coordinated
5	services and planning with consideration of possible civil certification.
6	SECTION 24. In Colorado Revised Statutes, 16-8.5-111, amend
7	(2)(a) as follows:
8	16-8.5-111. Procedure after determination of competency or
9	incompetency. (2) If the final determination made pursuant to section
10	16-8.5-103 is that the defendant is incompetent to proceed, the court has
11	the following options:
12	(a) If the defendant is charged with an offense as outlined in
13	section 16-8.5-116 (7) and the competency evaluation has determined that
14	the defendant meets the standard for civil certification pursuant to article
15	65 of title 27, the court may forgo any order of restoration and
16	immediately order that proceedings be initiated by the county attorney or
17	district attorney required to conduct proceedings pursuant to section
18	27-65-111 (6) SECTION 27-65-113 (6) for the civil certification of the
19	defendant and dismiss the charges without prejudice in the interest of
20	justice once civil certification proceedings have been initiated.
21	SECTION 25. In Colorado Revised Statutes, 16-8.5-116, amend
22	(5), (6)(b), and (10) as follows:
23	16-8.5-116. Certification - reviews - termination of
24	proceedings - rules. (5) The court shall forward a copy of each report
25	and summary received pursuant to subsections (2), (3), and (4) of this
26	section to the county attorney or district attorney required to conduct
27	proceedings pursuant to section 27-65-111 (6) SECTION 27-65-113 (6) for

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the county in which the case is pending and to the court liaison.

(6) Notwithstanding the time periods provided in subsections (7), (8), and (9) of this section and to ensure compliance with relevant constitutional principles, for any offense for which the defendant remains confined as a result of a determination of incompetency to proceed if the court determines, based on available evidence, that there is not a substantial probability that the defendant will be restored to competency within the reasonably foreseeable future, the court may order the defendant's release from commitment pursuant to this article 8.5 through one or more of the following means:

- (b) The court may, in coordination with the county attorney or district attorney required to conduct proceedings pursuant to section 27-65-111 (6) SECTION 27-65-113 (6) for the county in which the defendant is charged, order the commencement of certification proceedings pursuant to the provisions of article 65 of title 27 if the defendant meets the requirements for certification pursuant to article 65 of title 27;
- (10) Prior to the dismissal of charges pursuant to subsection (1), (6), (7), (8), or (9) of this section, the court shall identify whether the defendant meets the requirements for certification pursuant to article 65 of title 27, or for the provision of services pursuant to article 10.5 of title 27, or whether the defendant will agree to a voluntary commitment. If the court finds the requirements for certification or provision of services are met or the defendant does not agree to a voluntary commitment, the court may stay the dismissal for twenty-one days and notify the department and county attorney or district attorney required to conduct proceedings pursuant to section 27-65-111 (6) 27-65-113 (6) in the relevant

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1	jurisdiction of the pending dismissal so as to provide the department and
2	the county attorney or district attorney with the opportunity to pursue
3	certification proceedings or the provision of necessary services.
4	SECTION 26. In Colorado Revised Statutes, 18-1.3-204, amend
5	(2)(a)(II) as follows:
6	18-1.3-204. Conditions of probation - interstate compact
7	probation transfer cash fund - creation. (2) (a) When granting
8	probation, the court may, as a condition of probation, require that the
9	defendant:
10	(II) Undergo available medical or psychiatric treatment and
11	remain in a specified institution if required for that purpose. In any case
12	where inpatient psychiatric treatment is indicated, the court shall proceed
13	in accordance with article 65 of title 27 C.R.S., and require the defendant
14	to comply with the recommendation of the professional person in charge
15	of the evaluation required pursuant to section 27-65-105 or 27-65-106 .
16	C.R.S.
17	SECTION 27. In Colorado Revised Statutes, 18-6.5-102, amend
18	(11)(e) as follows:
19	18-6.5-102. Definitions. As used in this article 6.5, unless the
20	context otherwise requires:
21	(11) "Person with a disability" means any person who:
22	(e) Is a person with HAS a mental health disorder, as the term is
23	defined in section 27-65-102; (11.5);
24	SECTION 28. In Colorado Revised Statutes, 19-1-115, amend
25	(8)(a) as follows:
26	19-1-115. Legal custody - guardianship - placement out of the
27	home - petition for review for need of placement. (8) (a) Whenever it

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1	appears necessary that the placement of a child out of the home will be
2	for longer than ninety days, the placement is voluntary and not
3	court-ordered, and the placement involves the direct expenditure of funds
4	appropriated by the general assembly to the department of human
5	services, a petition for review of need for placement shall be filed by the
6	department or agency with which the child has been placed before the
7	expiration of ninety days in the placement. A decree providing for
8	voluntary placement of a child with an agency in which public moneys
9	are MONEY IS expended shall MUST be renewable in circumstances where
10	WHEN there is documentation that the child has an emotional, a physical,
11	or an intellectual disability that necessitates care and treatment for a
12	longer duration than ninety days as provided pursuant to this paragraph
13	(a) SUBSECTION (8)(a). The court shall not transfer or require
14	relinquishment of legal custody of, or otherwise terminate the parental
15	rights with respect to, a child who has an emotional, a physical, or an
16	intellectual disability and who was voluntarily placed out of the home for
17	the purposes of obtaining special treatment or care solely because the
18	parent or legal guardian is unable to provide the treatment or care.
19	Whenever a child fifteen years of age or older consents to placement in
20	a mental health facility pursuant to section 27-65-103, C.R.S., SECTION
21	27-65-104, the review under section 27-65-103 (5), C.R.S., shall
22	PURSUANT TO SECTION 27-65-104 (4) MUST be conducted in lieu of and
23	shall MUST fulfill the requirements for review under this paragraph (a)
24	SUBSECTION (8)(a).
25	SECTION 29. In Colorado Revised Statutes, 19-2.5-102, amend
26	(34) as follows:

19-2.5-102. Definitions. In addition to the terms defined in

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section 19-1-103, as used in this article 2.5, unless the context otherwise requires:

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(34) "Mental health hospital placement prescreening" means a face-to-face mental health examination conducted by a mental health professional to determine whether a child should be placed in a facility for evaluation pursuant to section 27-65-105 or 27-65-106. The prescreening may include consultation with other mental health professionals and review of all available records on the child.

SECTION 30. In Colorado Revised Statutes, 19-2.5-305, **amend** as it exists until July 1, 2024, (3)(b)(I); and amend (3)(b)(II), (3)(b)(III), and (3)(b)(IV) as follows:

19-2.5-305. Detention and shelter - hearing - time limits findings - review - confinement with adult offenders - restrictions. (3) (b) (I) If it appears that a juvenile being held in detention or temporary shelter may have an intellectual and developmental disability, as described in article 10.5 of title 27, the court or detention personnel shall refer the juvenile to the nearest community-centered board for an eligibility determination. If it appears that a juvenile being held in a detention or temporary shelter facility pursuant to this article 2.5 may have a mental health disorder, as provided in sections 27-65-105 and SECTION 27-65-106, the intake personnel or other appropriate personnel shall contact a mental health professional to do a mental health hospital placement prescreening on the juvenile. The court must be notified of the contact and may take appropriate action. If a mental health hospital placement prescreening is requested, it must be conducted in an appropriate place accessible to the juvenile and the mental health professional. A request for a mental health hospital placement

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prescreening must not extend the time within which a detention hearing must be held pursuant to this section. If a detention hearing has been set but has not yet occurred, the mental health hospital placement prescreening must be conducted prior to the hearing; except that the prescreening must not extend the time within which a detention hearing must be held.

- (II) If a juvenile has been ordered detained pending an adjudication, disposition, or other court hearing, and the juvenile subsequently appears to have a mental health disorder, as described in section 27-65-105 or 27-65-106, the intake personnel or other appropriate personnel shall contact the court with a recommendation for a mental health hospital placement prescreening. A mental health hospital placement prescreening must be conducted at any appropriate place accessible to the juvenile and the mental health professional within twenty-four hours of AFTER the request, excluding Saturdays, Sundays, and legal holidays.
- (III) When the mental health professional finds, as a result of the prescreening, that the juvenile may have a mental health disorder, the mental health professional shall recommend to the court that the juvenile be evaluated pursuant to section 27-65-105 or 27-65-106.
- (IV) Nothing in this subsection (3)(b) precludes the use of emergency procedures FOR AN EMERGENCY MENTAL HEALTH HOLD pursuant to section 27-65-105 (1) SECTION 27-65-106 (1)(a).
- **SECTION 31.** In Colorado Revised Statutes, 19-2.5-305, **amend** as it will become effective July 1, 2024, (3)(b)(I) as follows:
- 19-2.5-305. Detention and shelter hearing time limits findings review confinement with adult offenders restrictions.

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(3) (b) (I) If it appears that a juvenile being held in detention or temporary shelter may have an intellectual and developmental disability, as described in article 10.5 of title 27, the court or detention personnel shall refer the juvenile to the nearest case management agency, as defined in section 25.5-6-1702, for an eligibility determination. If it appears that a juvenile being held in a detention or temporary shelter facility pursuant to this article 2.5 may have a mental health disorder, as provided in sections 27-65-105 and SECTION 27-65-106, the intake personnel or other appropriate personnel shall contact a mental health professional to do a mental health hospital placement prescreening on the juvenile. The court must be notified of the contact and may take appropriate action. If a mental health hospital placement prescreening is requested, it must be conducted in an appropriate place accessible to the juvenile and the mental health professional. A request for a mental health hospital placement prescreening must not extend the time within which a detention hearing must be held pursuant to this section. If a detention hearing has been set but has not yet occurred, the mental health hospital placement prescreening must be conducted prior to the hearing; except that the prescreening must not extend the time within which a detention hearing must be held.

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SECTION 32. In Colorado Revised Statutes, 19-2.5-1114, **amend** (1) as follows:

19-2.5-1114. Sentencing - placement based on special needs of the juvenile. (1) Except as otherwise required by section 19-2.5-1127 for an aggravated juvenile offender, the court may order that the juvenile be examined or treated by a physician, surgeon, psychiatrist, or psychologist or that the juvenile receive other special care and may place the juvenile

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1	in a hospital or other suitable facility for such purposes; except that a
2	juvenile may not be placed in a mental health facility operated by the
3	department of human services until the juvenile has received a mental
4	health placement prescreening resulting in a recommendation that the
5	juvenile be placed in a facility for an evaluation pursuant to section
6	27-65-105 or 27-65-106, or a hearing has been held by the court after
7	notice to all parties, including the department of human services. An
8	order for a seventy-two-hour treatment and evaluation EMERGENCY
9	MENTAL HEALTH HOLD must not be entered unless a hearing is held and
10	evidence indicates that the prescreening report is inadequate, incomplete,
11	or incorrect and that competent professional evidence is presented by a
12	mental health professional that indicates that the juvenile has a behavioral
13	or mental health disorder. The court shall make, prior to the hearing,
14	orders regarding temporary custody of the juvenile as are deemed
15	appropriate.
16	SECTION 33. In Colorado Revised Statutes, 19-2.5-1525,
17	amend (3)(b)(III) as follows:
18	19-2.5-1525. Juveniles committed to department of human
19	services - evaluation and placement. (3) (b) (III) If the evaluation
20	report states that the juvenile has a mental health disorder, as described
21	in sections 27-65-105 and SECTION 27-65-106, the department of human
22	services shall initiate proceedings pursuant to article 65 of title 27 and
23	notify the court.
24	SECTION 34. In Colorado Revised Statutes, 19-2.5-1532,
25	amend (3)(a) as follows:
26	19-2.5-1532. Juveniles committed to department of human
27	services - transfers. (3) (a) A juvenile committed to the department of

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1	human services may be transferred temporarily to any state treatment
2	facility for persons with behavioral or mental health disorders or
3	intellectual and developmental disabilities for purposes of diagnosis,
4	evaluation, and emergency treatment; except that a juvenile may not be
5	transferred to a state treatment facility for persons with mental health
6	disorders until the juvenile has received a mental health hospital
7	placement prescreening resulting in a recommendation that the juvenile
8	be placed in a facility for evaluation pursuant to section 27-65-105 or
9	27-65-106. A juvenile committed to the department of human services as
10	an aggravated juvenile offender pursuant to section 19-2.5-1127 or
11	violent juvenile offender pursuant to section 19-2.5-1126 (1)(c) must not
12	be transferred until the treatment facility has a secure setting in which to
13	house the juvenile. The period of temporary transfer pursuant to this
14	subsection (3)(a) must not exceed sixty days.
15	SECTION 35. In Colorado Revised Statutes, 19-3-401, amend
16	(3)(c)(II) and (3)(c)(III) as follows:
17	19-3-401. Taking children into custody. (3) (c) The court orders
18	required by subsections (3)(a) and (3)(b) of this section are not required
19	in the following circumstances:
20	(II) When the newborn child's only identifiable birth parent has
21	been determined by a physician, registered nurse, or qualified mental
22	health professional to meet the criteria specified in section 27-65-105
23	SECTION 27-65-106 for custody, treatment, and evaluation of a mental
24	health disorder or grave disability;

(III) When both of the newborn child's birth parents have been

determined by a physician, registered nurse, or qualified mental health

professional to meet the criteria specified in section 27-65-105 SECTION

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27-65-106 for custody, treatment, and evaluation of a mental health disorder or grave disability; or

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SECTION 36. In Colorado Revised Statutes, 19-3-403, **amend** as it exists until July 1, 2024, (4)(a); and amend (4)(b), (4)(c), and (4)(d) as follows:

Temporary custody - hearing - time limits -19-3-403. restriction - rules. (4) (a) If it appears that any child being held in a shelter facility may have an intellectual and developmental disability, as provided in article 10.5 of title 27, the court shall refer the child to the nearest community-centered board for an eligibility determination. If it appears that any child being held in a shelter facility pursuant to the provisions of this article 3 may have a mental health disorder, as provided in sections 27-65-105 and SECTION 27-65-106, the intake personnel or other appropriate personnel shall contact a mental health professional to do a mental health disorder prescreening on the child. The court shall be notified of the contact and may take appropriate action. If a mental health disorder prescreening is requested, it shall MUST be conducted in an appropriate place accessible to the child and the mental health professional. A request for a mental health disorder prescreening must not extend the time within which a hearing is to be held pursuant to this section. If a hearing has been set but has not yet occurred, the mental health disorder prescreening shall MUST be conducted prior to the hearing; except that the prescreening must not extend the time within which a hearing is to be held pursuant to this section.

(b) If a child has been ordered detained pending an adjudication, disposition, or other court hearing and the child subsequently appears to have a mental health disorder, as provided in section 27-65-105 or

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27-65-106, the intake personnel or other appropriate personnel shall contact the court with a recommendation for a mental health disorder prescreening. A mental health disorder prescreening shall MUST be conducted at any appropriate place accessible to the child and the mental health professional within twenty-four hours of AFTER the request, excluding Saturdays, Sundays, and legal holidays.

- (c) If the mental health professional finds, as a result of the prescreening, that the child may have a mental health disorder, the mental health professional shall recommend to the court that the child be evaluated pursuant to section 27-65-105 or 27-65-106, and the court shall proceed as provided in section 19-3-506.
- (d) Nothing in this subsection (4) precludes the use of emergency procedures FOR AN EMERGENCY MENTAL HEALTH HOLD pursuant to section 27-65-105 SECTION 27-65-106.
- **SECTION 37.** In Colorado Revised Statutes, 19-3-403, amend as it will become effective July 1, 2024, (4)(a) as follows:

restriction - rules. (4) (a) If it appears that any child being held in a shelter facility may have an intellectual and developmental disability, as provided in article 10.5 of title 27, the court shall refer the child to the nearest case management agency, as defined in section 25.5-6-1702, for an eligibility determination. If it appears that any child being held in a shelter facility pursuant to this article 3 may have a mental health disorder, as provided in sections 27-65-105 and SECTION 27-65-106, the intake personnel or other appropriate personnel shall contact a mental health professional to do a mental health disorder prescreening on the child. The court must be notified of the contact and may take appropriate

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action. If a mental health disorder prescreening is requested, it must be conducted in an appropriate place accessible to the child and the mental health professional. A request for a mental health disorder prescreening must not extend the time within which a hearing is to be held pursuant to this section. If a hearing has been set but has not yet occurred, the mental health disorder prescreening must be conducted prior to the hearing; except that the prescreening must not extend the time within which a hearing is to be held pursuant to this section.

SECTION 38. In Colorado Revised Statutes, 19-3-506, **amend** (1)(b), (1)(c), and (3)(a) as follows:

19-3-506. Child with a mental health disorder or an intellectual and developmental disability - procedure. (1) (b) If it appears from the evidence presented at an adjudicatory hearing or otherwise that a child may have a mental health disorder, as defined in sections 27-65-105 and 27-65-106 SECTION 27-65-102, and the child has not had a mental health disorder prescreening pursuant to section 19-3-403 (4), the court shall order a prescreening to determine whether the child requires further evaluation. The prescreening shall MUST be conducted as expeditiously as possible, and a prescreening report must be provided to the court within twenty-four hours of AFTER the prescreening, excluding Saturdays, Sundays, and legal holidays.

(c) If the mental health professional finds, based upon a prescreening done pursuant to this section or section 19-3-403 (4), that the child may have a mental health disorder, as defined in section 27-65-102, the court shall review the prescreening report within twenty-four hours, excluding Saturdays, Sundays, and legal holidays, and order the child placed for an evaluation at a facility designated by the

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executive director COMMISSIONER of the department of human services BEHAVIORAL HEALTH ADMINISTRATION for a seventy-two-hour treatment and evaluation EMERGENCY MENTAL HEALTH HOLD pursuant to section 27-65-105 or 27-65-106. On and after January 1, 1986, if the child to be placed is in a detention facility, the designated facility shall admit the child within twenty-four hours after the court orders an evaluation, excluding Saturdays, Sundays, and legal holidays.

(3) (a) When the evaluation conducted pursuant to subsection (1) of this section states that the child has a mental health disorder, as defined in section 27-65-102, the court shall treat the evaluation report as a certification under section 27-65-107 SECTION 27-65-109 and shall proceed pursuant to article 65 of title 27, assuming all of the powers granted to a court in such proceedings.

SECTION 39. In Colorado Revised Statutes, 19-3-508, **amend** (1)(d)(I) and (3) as follows:

concurrent planning. (1) When a child has been adjudicated to be neglected or dependent, the court may enter a decree of disposition the same day, but in any event it shall do so within forty-five days unless the court finds that the best interests of the child will be served by granting a delay. In a county designated pursuant to section 19-1-123, if the child is under six years of age at the time a petition is filed in accordance with section 19-3-501 (2), the court shall enter a decree of disposition within thirty days after the adjudication and shall not grant a delay unless good cause is shown and unless the court finds that the best interests of the child will be served by granting the delay. It is the intent of the general assembly that the dispositional hearing be held on the same day as the

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adjudicatory hearing, whenever possible. If a delay is granted, the court shall set forth the reasons why a delay is necessary and the minimum amount of time needed to resolve the reasons for the delay and shall schedule the hearing at the earliest possible time following the delay. When the proposed disposition is termination of the parent-child legal relationship, the hearing on termination must not be held on the same date as the adjudication, and the time limits set forth above for dispositional hearings do not apply. When the proposed disposition is termination of the parent-child legal relationship, the court may continue the dispositional hearing to the earliest available date for a hearing in accordance with the provisions of subsection (3)(a) of this section and part 6 of this article 3. When the decree does not terminate the parent-child legal relationship, the court shall approve an appropriate treatment plan that must include but not be limited to one or more of the following provisions of subsections (1)(a) to (1)(d) of this section:

(d) (I) The court may order that the child be examined or treated by a physician, surgeon, psychiatrist, or psychologist or that he or she THE CHILD receive other special care and may place the child in a hospital or other suitable facility for such purposes; except that the child may not be placed in a mental health facility operated by the department of human services until the child has received a behavioral or mental health disorder prescreening resulting in a recommendation that the child be placed in a facility for evaluation pursuant to section 27-65-105 or SECTION 27-65-106, or a hearing has been held by the court after notice to all parties, including the department of human services. An order for a seventy-two-hour treatment and evaluation AN EMERGENCY MENTAL HEALTH HOLD must not be entered unless a hearing is held and evidence

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indicates that the prescreening report is inadequate, incomplete, or incorrect and that competent professional evidence is presented by a mental health professional that indicates that a behavioral or mental health disorder is present in the child. The court shall make, prior to the hearing, such orders regarding temporary custody of the child as are deemed appropriate. described in section 27-65-105 SECTION 27-65-106 or a voluntary application for mental health services pursuant to section 27-65-103 OR 27-65-104. The arrangements for care must be completed through the crisis response system or prearranged partnerships with other crisis intervention services.

(3) (a) On or before January 1, 2018, All walk-in centers throughout the state's crisis response system must be appropriately designated by the executive director COMMISSIONER OF THE BEHAVIORAL HEALTH ADMINISTRATION for a seventy-two-hour treatment and evaluation AN EMERGENCY MENTAL HEALTH HOLD, adequately prepared, and properly staffed to accept an individual through the emergency mental health procedure outlined in section 27-65-105 SECTION 27-65-106 or a voluntary application for mental health services pursuant to section 27-65-103 OR 27-65-104. Priority for individuals receiving emergency placement pursuant to section 27-65-105 SECTION 27-65-106 is on treating high-acuity individuals in the least restrictive environment without the use of law enforcement.

(b) Increasing the ability of walk-in centers to accept individuals through the emergency mental health procedure outlined in section 27-65-105 SECTION 27-65-106 or a voluntary application for mental health services pursuant to section 27-65-103 OR 27-65-104 may include, but is not limited to, purchasing, installing, and using telehealth

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1	operations for mobile crisis evaluations in partnership with hospitals,
2	clinics, law enforcement agencies, and other appropriate service
3	providers.
4	SECTION 40. In Colorado Revised Statutes, 25-3-102.1, amend
5	(1)(c) as follows:
6	25-3-102.1. Deemed status for certain facilities. (1) (c) Upon
7	submission of a completed application for license renewal, the department
8	of public health and environment shall accept proof of the accreditation
9	in lieu of licensing inspections or other requirements. Nothing in this
10	section exempts an accredited health facility from inspections or from
11	other forms of oversight by the department as necessary to ensure public
12	health and safety. Nothing in this section prevents the department
13	OF PUBLIC HEALTH AND ENVIRONMENT FROM CONDUCTING AN INSPECTION
14	OF A HOSPITAL OR OTHER HEALTH FACILITY DESCRIBED IN SECTION
15	25-3-101 TO INVESTIGATE A COMPLAINT REGARDING THE PROVISIONS OF
16	SECTION 27-65-106, 27-65-107, 27-65-109, 27-65-110, OR 27-65-119 TO
17	THE EXTENT THE COMPLAINT IS APPLICABLE TO HEALTH FACILITIES
18	LICENSED BY THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT.
19	SECTION 41. In Colorado Revised Statutes, 27-60-104.5,
20	amend (3)(e)(I) as follows:
21	27-60-104.5. Behavioral health capacity tracking system -
22	legislative declaration - definitions - rules. (3) Pursuant to subsection
23	(8) of this section, the state department shall implement a behavioral
24	health capacity tracking system, which must include the following:
25	(e) Capacity reporting for the following facilities and treatment
26	providers statewide:
27	(I) Facilities that provide evaluation and treatment to individuals

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1	held under an emergency commitment pursuant to section 27-81-111, an
2	involuntary commitment pursuant to section 27-81-112, or a civil
3	commitment pursuant to section 27-65-105 SECTION 27-65-106, including
4	crisis stabilization units, acute treatment units, community mental health
5	centers, and hospitals, including state mental health institutes;
6	SECTION 42. In Colorado Revised Statutes, 27-62-101, amend
7	(1)(a), (5), and (6)(a) as follows:
8	27-62-101. Definitions. As used in this article 62, unless the
9	context otherwise requires:
10	(1) "At risk of out-of-home placement" means a child or youth
11	who is eligible for medical assistance pursuant to articles 4, 5, and 6 of
12	title 25.5 and the child or youth:
13	(a) Has been diagnosed as having a mental health disorder, as
14	defined in section 27-65-102, (11.5), or a behavioral health disorder; and
15	(5) "Mental health professional" means an individual licensed as
16	a mental health professional pursuant to article 245 of title 12 or a
17	professional person, as defined in section 27-65-102 (17) (27).
18	(6) "Out-of-home placement" means a child or youth who is
19	eligible for medical assistance pursuant to articles 4, 5, and 6 of title 25.5
20	and the child or youth:
21	(a) Has been diagnosed as having a mental health disorder, as
22	defined in section 27-65-102, (11.5), or a behavioral health disorder; and
23	SECTION 43. In Colorado Revised Statutes, 27-66.5-102,
24	amend (3)(a)(I), (3)(a)(II), (3)(a)(III), and (3)(a)(VI) as follows:
25	27-66.5-102. Definitions. As used in this article 66.5, unless the
26	context otherwise requires:
27	(3) "High-risk individual" means a person who:

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1	(a) Has a significant mental health or substance use disorder, as
2	evidenced by:
3	(I) An emergency procedure for a seventy-two-hour MENTAL
4	HEALTH hold pursuant to section 27-65-105 SECTION 27-65-106;
5	(II) A certification for short-term treatment or extended short-term
6	treatment pursuant to section 27-65-107 or 27-65-108 SECTION
7	27-65-109;
8	(III) Long-term care and treatment pursuant to section 27-65-109
9	SECTION 27-65-110;
10	(VI) Receiving voluntary behavioral health services pursuant to
11	section 27-65-103, 27-65-104, 27-81-109, or 27-81-110; and
12	SECTION 44. In Colorado Revised Statutes, 27-67-103, amend
13	(2)(a) as follows:
14	27-67-103. Definitions. As used in this article 67, unless the
15	context otherwise requires:
16	(2) "Child or youth at risk of out-of-home placement" means a
17	child or youth who, although not otherwise categorically eligible for
18	medicaid, meets the following criteria:
19	(a) The child or youth has been diagnosed as having a mental
20	health disorder, as defined in section 27-65-102; (11.5);
21	SECTION 45. In Colorado Revised Statutes, 27-80-302, amend
22	(1)(a) as follows:
23	27-80-302. Definitions. As used in this part 3, unless the context
24	otherwise requires:
25	(1) "Health-care provider" or "provider" means:
26	(a) A professional person, as defined in section 27-65-102 (17)
27	(27);

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1	SECTION 46. In Colorado Revised Statutes, 27-80-303, amend
2	(3)(c) as follows:
3	27-80-303. Office of ombudsman for behavioral health access
4	to care - creation - appointment of ombudsman - duties. (3) The
5	ombudsman shall:
6	(c) Receive and assist consumers and providers in reporting
7	concerns and filing complaints with appropriate regulatory or oversight
8	agencies relating to inappropriate care, an emergency A procedure under
9	section 27-65-105 FOR AN EMERGENCY MENTAL HEALTH HOLD PURSUANT
10	TO SECTION 27-65-106, a certification for short-term treatment under
11	section 27-65-107 PURSUANT TO SECTION 27-65-109, or a certification for
12	long-term care and treatment under section 27-65-109 PURSUANT TO
13	SECTION 27-65-110;
14	SECTION 47. In Colorado Revised Statutes, 27-80-306, amend
15	(4) as follows:
16	27-80-306. Annual report. (4) The ombudsman shall not include
17	in the report required by this section any personally identifying
18	information about an individual consumer or health-care provider or
19	identifying information about a health-care facility licensed pursuant to
20	section 25-1.5-103 or an emergency medical services facility, as defined
21	in section 27-65-102. (5.5).
22	SECTION 48. In Colorado Revised Statutes, 30-28-115, amend
23	(2)(b.5) as follows:
24	30-28-115. Public welfare to be promoted - legislative
25	declaration - construction. (2) (b.5) The general assembly declares that
26	the establishment of state-licensed group homes for the exclusive use of
27	persons with behavioral or mental health disorders, as that term is defined

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1	in section 27-65-102, is a matter of statewide concern and that a
2	state-licensed group home for eight persons with behavioral or mental
3	health disorders is a residential use of property for zoning purposes, as
4	defined in section 31-23-301 (4). A group home for persons with
5	behavioral or mental health disorders established pursuant to this
6	subsection (2)(b.5) must not be located within seven hundred fifty feet of
7	another such group home or of another group home as described in
8	subsections (2)(a) and (2)(b) of this section, unless otherwise provided for
9	by the county. A person must not be placed in a group home without
10	being screened by either a professional person, as defined in section
11	27-65-102, (17) (27), or any other such mental health professional
12	designated by the director of a facility, which facility is approved by the
13	executive director COMMISSIONER of the department of human services
14	pursuant to section 27-90-102 BEHAVIORAL HEALTH ADMINISTRATION.
15	Persons determined to be not guilty by reason of insanity to a violent
16	offense must not be placed in such group homes, and any person who has
17	been convicted of a felony involving a violent offense is not eligible for
18	placement in such group homes. The provisions of This subsection
19	(2)(b.5) must be implemented, where appropriate, by the rules of the
20	department of public health and environment concerning residential
21	treatment facilities for persons with behavioral or mental health disorders.
22	Nothing in this subsection (2)(b.5) exempts such group homes from
23	compliance with any state, county, or municipal health, safety, and fire
24	codes.
25	SECTION 49. In Colorado Revised Statutes, 31-23-303, amend
26	(2)(b.5) as follows:

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31-23-303. Legislative declaration. (2) (b.5) The general

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assembly declares that the establishment of state-licensed group homes
for the exclusive use of persons with behavioral or mental health
disorders, as that term is defined in section 27-65-102, is a matter of
statewide concern and that a state-licensed group home for eight persons
with behavioral or mental health disorders is a residential use of property
for zoning purposes, as defined in section 31-23-301 (4). A group home
for persons with behavioral or mental health disorders established
pursuant to this subsection (2)(b.5) must not be located within seven
hundred fifty feet of another such group home, unless otherwise provided
for by the municipality. A person must not be placed in a group home
without being screened by either a professional person, as defined in
section 27-65-102 (17) (27), or any other such mental health professional
designated by the director of a facility approved by the executive director
COMMISSIONER of the department of human services pursuant to section
27-90-102 BEHAVIORAL HEALTH ADMINISTRATION. Persons determined
to be not guilty by reason of insanity to a violent offense must not be
placed in such group homes, and any person who has been convicted of
a felony involving a violent offense is not be eligible for placement in
such group homes. The provisions of This subsection (2)(b.5) must be
implemented, where appropriate, by the rules of the department of public
health and environment concerning residential treatment facilities for
persons with behavioral or mental health disorders. Nothing in this
subsection (2)(b.5) exempts such group homes from compliance with any
state, county, or municipal health, safety, and fire codes.
SECTION 50. In Colorado Revised Statutes, 42-2-116, amend

(5) as follows:

42-2-116. Restricted license. (5) The department is authorized

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1	after examination to issue a restricted license to a person with a
2	behavioral or mental health disorder or an intellectual and developmental
3	disability, containing such restrictions as may be imposed upon said
4	person by a court pursuant to part 3 or part 4 of article 14 of title 15 or
5	section 27-65-109 (4) SECTION 27-65-110 (4) or 27-65-127.
6	SECTION 51. In Colorado Revised Statutes, 42-2-125, amend
7	(1)(h) as follows:
8	42-2-125. Mandatory revocation of license and permit. (1) The
9	department shall immediately revoke the license or permit of any driver
10	or minor driver upon receiving a record showing that the driver has:
11	(h) Been determined to be mentally incompetent by a court of
12	competent jurisdiction and for whom a court has entered, pursuant to part
13	3 or part 4 of article 14 of title 15 C.R.S., or section 27-65-109 (4)
14	SECTION 27-65-110(4) or 27-65-127, C.R.S., an order specifically finding
15	that the mental incompetency is of such a degree that the person is
16	incapable of safely operating a motor vehicle;
17	SECTION 52. In Colorado Revised Statutes, 25-3.5-103, amend
18	(11.4)(b)(I) as follows:
19	25-3.5-103. Definitions. As used in this article 3.5, unless the
20	context otherwise requires:
21	(11.4) (b) Secure transportation includes:
22	(I) For an individual being transported pursuant to section
23	27-65-103 or 27-65-105 (1) SECTION 27-65-104 OR 27-65-106 (1),
24	transportation from the community to a facility designated by the
25	executive director COMMISSIONER OF THE BEHAVIORAL HEALTH
26	ADMINISTRATION IN the department of human services for treatment and
27	evaluation pursuant to article 65 of title 27;

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1	SECTION 53. In Colorado Revised Statutes, 25.5-4-103, amend
2	as it exists until July 1, 2024, (3) as follows:
3	25.5-4-103. Definitions. As used in this article 4 and articles 5
4	and 6 of this title 25.5, unless the context otherwise requires:
5	(3) "Case management services" means services provided by
6	community-centered boards, as defined by IN section 25.5-10-202, and
7	community mental health centers and community mental health clinics,
8	as defined by IN section 27-66-101, to assist persons with intellectual and
9	developmental disabilities, as defined by IN section 25.5-10-202, and
10	persons with mental health disorders, as defined by IN section 27-65-102,
11	(11.5), by case management agencies, as defined in section 25.5-6-303
12	(5), providing case management services, as defined in sections
13	25.5-6-104 (2)(b) and 25.5-6-303 (6), to persons with a disability, persons
14	who are elderly or blind, and long-term care clients, in gaining access to
15	needed medical, social, educational, and other services.
16	SECTION 54. In Colorado Revised Statutes, 26-20-103, amend
17	(3) as follows:
18	26-20-103. Basis for use of restraint or seclusion. (3) In
19	addition to the circumstances described in subsection (1) of this section,
20	a facility, as defined in section 27-65-102, (7) , that is designated by the
21	executive director of COMMISSIONER OF THE BEHAVIORAL HEALTH
22	ADMINISTRATION IN the state department to provide treatment pursuant to
23	section 27-65-105, 27-65-106, 27-65-107, or 27-65-109 SECTION
24	27-65-106, 27-65-108, 27-65-109, OR 27-65-110 to an individual with a
25	mental health disorder, as defined in section 27-65-102, (11.5), may use
26	seclusion to restrain an individual with a mental health disorder when the
27	seclusion is necessary to eliminate a continuous and serious disruption of

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1	the treatment environment.
2	SECTION 55. In Colorado Revised Statutes, 27-60-104, amend
3	(3) as follows:
4	27-60-104. Behavioral health crisis response system - crisis
5	service facilities - walk-in centers - mobile response units - report.
6	(3) (a) On or before January 1, 2018, All walk-in centers throughout the
7	state's crisis response system must be appropriately designated by the
8	executive director COMMISSIONER for a seventy-two-hour treatment and
9	evaluation AN EMERGENCY MENTAL HEALTH HOLD, adequately prepared,
10	and properly staffed to accept an individual through the emergency
11	mental health procedure outlined in section 27-65-105 SECTION 27-65-106
12	or a voluntary application for mental health services pursuant to section
13	27-65-103 SECTION 27-65-103 OR 27-65-104. Priority for individuals
14	receiving emergency placement PLACED UNDER AN EMERGENCY MENTAL
15	HEALTH HOLD pursuant to section 27-65-105 SECTION 27-65-106 is on
16	treating high-acuity individuals in the least restrictive environment
17	without the use of law enforcement
18	(b) Increasing the ability of walk-in centers to accept individuals
19	through the AN emergency mental health procedure HOLD outlined in
20	section 27-65-105 SECTION 27-65-106 or a voluntary application for
21	mental health services pursuant to section 27-65-103 SECTION 27-65-103
22	OR 27-65-104 may include, but is not limited to, purchasing, installing,
23	and using telehealth operations for mobile crisis evaluations in
24	partnership with hospitals, clinics, law enforcement agencies, and other
25	appropriate service providers.
26	SECTION 56. In Colorado Revised Statutes, repeal of
27	nonrelocated provisions in this act, 27-65-102 (14), 27-65-105 (6),

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1 27-65-106 (1), 27-65-106 (7), 27-65-106 (8), 27-65-106 (9), 27-65-106 2 (10), 27-65-117 (1)(b), 27-65-117 (1)(c), 27-65-125, and 27-65-126. 3 **SECTION 57.** Appropriation. (1) For the 2022-23 state fiscal 4 year, \$522,433 is appropriated to the department of human services. This 5 appropriation is from the general fund. To implement this act, the department may use this appropriation as follows: 6 7 (a) \$345,007 for use by the behavioral health administration for 8 program costs, which amount is based on an assumption that the 9 administration will require an additional 4.5 FTE; and 10 (b) \$177,426 for the purchase of legal services. 11 (2) For the 2022-23 state fiscal year, \$177,426 is appropriated to 12 the department of law. This appropriation is from reappropriated funds 13 received from the department of human services under subsection (1)(b) 14 of this section and is based on an assumption that the department of law 15 will require an additional 1.0 FTE. To implement this act, the department 16 of law may use this appropriation to provide legal services for the 17 department of human services. 18 (3) For the 2022-23 state fiscal year, \$86,700 is appropriated to 19 the judicial department. This appropriation is from the general fund. To 20 implement this act, the department may use this appropriation for court 21 costs, jury costs, and court-appointed counsel. 22 **SECTION 58.** Act subject to petition - effective date. Sections 23 2 and 5 of this act take effect July 1, 2023, sections 27-65-108 and 24 27-65-111, as enacted in section 1 of this act, and sections 3 and 4 of this 25 act take effect July 1, 2024, and the remainder of this act takes effect at 26 12:01 a.m. on the day following the expiration of the ninety-day period 27 after final adjournment of the general assembly; except that, if a

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referendum petition is filed pursuant to section 1 (3) of article V of the 1 2 state constitution against this act or an item, section, or part of this act 3 within such period, then the act, item, section, or part will not take effect 4 unless approved by the people at the general election to be held in 5 November 2022 and, in such case, will take effect on the date of the 6 official declaration of the vote thereon by the governor; except that 7 sections 2 and 5 of this act take effect July 1, 2023, sections 27-65-108 8 and 27-65-111, as enacted in section 1 of this act, and sections 3 and 4 of this act take effect July 1, 2024. 9

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